

Penobscot Nation Department of Education & Career Services

Workforce Innovation & Opportunity Act (WIOA)

27 Wabanaki Way, Indian Island, ME 04468

Telephone: (207) 817-7348 or (207) 817-7345 Fax Number: (207) 817-7369

APPLICATION FOR SERVICES

Please answer all questions on this application and return to your tribal WIOA administrator.

1. _____
Last Name First Name M.I.
2. _____ 3. _____ 4. _____
Date of Birth Social Security Number Telephone Number
5. _____
Physical Address City State Zip Code
6. _____
Mailing Address (if different) City State Zip Code
7. County: _____
8. Please list any other names you have used (maiden, legal name change etc.): _____
9. Email Address: _____
10. Tribal Affiliation: Penobscot ☐ Passamaquoddy ☐ Maliseet ☐ Mik'maq ☐ Other _____
11. Native Hawaiian: Yes ☐ No ☐
12. Sex: Male ☐ Female ☐ Prefer not to Identify ☐
13. Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐
14. Total Number of Your Dependent Children: _____
15. Total Number of People Living In Your Household: _____
16. What is the total combined income of **all** people residing in your household for the previous year?
\$ _____ Please attach pay stubs, SSI, unemployment or other means of income.
17. Have you registered with selective service if required (males only): Yes ☐ No ☐ N/A ☐
18. Did you serve on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes ☐ No ☐ Status Unknown ☐
19. Eligible Veteran Status: Served less than 180 days ☐ Eligible Veteran ☐
Spouse of Veteran ☐ Not Eligible ☐
20. Are you presently: employed full-time ☐ employed part-time ☐ unemployed ☐ received lay-off notice ☐
If employed, how many hours per week do you work? _____

21. What is your present hourly wage or what was the last hourly wage that you received: \$ _____

22. Unemployment Compensation Eligible Status: Are you currently receiving benefits (Claimant): Yes ☐ No ☐
Have you exhausted benefits: Yes ☐ No ☐

23. Within the last 6 months, have you received any of the following (check all that apply and attach verification):

- | | |
|---|--|
| ☐ SNAP (Food Stamps Act of 1977) | ☐ Foster Child Payments |
| ☐ General Assistance (GA- State or Tribal) | ☐ Other: _____ |
| ☐ Temporary Assistance to Needy Families (TANF) | ☐ None |
| ☐ Benefits from the USDA Commodity Program | |
| ☐ Benefits from Tribal Work Experience Programs (TWEP) | |
| ☐ Supplemental Security Income (SSI – SSA Title XVI) | |
| ☐ Social Security Disability Insurance (SSDI) | |

24. Education at Enrollment (please check **only one box** that best applies to you):

- ☐ In-School, High School or less
- ☐ In-School, Alternative School
- ☐ In-School, Postsecondary (University or College) school
- ☐ Not attending school or High School Dropout
- ☐ Not attending school; High School graduate or has recognized equivalent (GED, HiSET)
- ☐ Not attending school; within age of compulsory attendance

25. Highest School Grade Completed (please check **only one box** that best applies to you):

- ☐ Attained High School Diploma
- ☐ Attained a High School Equivalency (GED, HiSET)
- ☐ Participant with a disability & received a certification of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)
- ☐ Completed one or more years of postsecondary education
- ☐ Attained a postsecondary technical or vocational certificate (non-degree)
- ☐ Attained an Associate's Degree
- ☐ Attained a Bachelor's Degree
- ☐ Attained a degree beyond a Bachelor's Degree
- ☐ No Educational Level Completed

26. Do you have a physical disability, physical limitation, health diagnosis, allergies (etc.) that we should consider when placing you in a work site or training program? Yes ☐ No ☐

27. Do you have any of the following barriers to employment (check all that apply):

- ☐ Homeless or Runaway Youth at Program Entry
- ☐ Ex-Offender
- ☐ Low Income
- ☐ English Language Learner
- ☐ Substance Abuse
- ☐ Displaced Homemaker
- ☐ Basic Skills Deficient/Low Levels of Literacy
- ☐ Long Term Unemployed
- ☐ Individual with a Disability
- ☐ Single Parent at Program Entry

28. Please list an alternate contact person and phone number that we may call to reach you (if your primary number is no longer in service) :

Name: _____ Phone Number:(_____)_____

29. Available Services: Please check the service(s) you are applying for:

- ☐ *Basic Educational Skills* through area adult education programs, including high school diploma/HiSET.

- ☐ *Career Skills & Exploration*
- ☐ *Classroom Training* assistance through area post-secondary institutes and training programs (Complete the Classroom Training page)
- ☐ *Work Experience* training positions with local area employers

Please read the following before signing this application form.

I grant permission to the Penobscot Nation Department of Education and Career Services to conduct a criminal background check, if needed. I also agree to have a physical examination, if needed, which includes drug testing, at the expense of the Penobscot Nation Department of Education and Career Services, prior to my final selection for employment or training program.

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENT: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the U.S. Department of Labor. Response to this request is required to obtain a benefit. "I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I agree to provide the Penobscot Nation WIOA program with all information that is requested in regard to this application. I understand that my social security number will only be used for administrative purposes and that all information contained on this information will be treated as confidential."

Applicant's Signature _____

Date _____

Penobscot Nation Department of Education & Career Services

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CLASSROOM TRAINING APPLICATION

Complete this page only if you are requesting assistance for a classroom training program.

1. _____
Last Name First Name M.I.
 2. Requesting assistance for 20____-20____ (check all that apply):
☐ Academic Year ☐ Fall only
☐ Spring only ☐ Summer
 3. Name and address of institution you will attend: _____

 4. Will attend: Full-time ☐ Part-time ☐
 5. Type of program: Certificate ☐ Diploma ☐ Associate Degree ☐ Bachelor Degree ☐ Other ☐
 6. Date of Initial Enrollment: _____
 7. Date you will start classes: _____
 8. Expected Date of Graduation: _____
 9. Training program or college major you will enrolled in: _____
 10. How many total credit or clock hours are required to earn your degree or to complete the program? _____
 11. How many hours have you earned to date? _____
 12. What year student are you considered in this program? 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ more ☐
 13. Will you live: On-campus ☐ Off-campus ☐ With Parents ☐
 14. Have you applied for Financial Aid through the school you will be attending? Yes ☐ No ☐
- If "Yes", when did you apply? _____ If "No", is financial aid available? _____

Please note that financial assistance will only be granted by the WIOA program to those eligible students who have applied for campus based financial aid, provided that financial aid is available.

Please read the following before signing this application.

USE OF FUNDS: "I declare that I will use any funds awarded to me by the Penobscot Nation's WIOA program for training and/or educational purposes only in connection with my attendance at the above named institution."

Applicant's Signature

Date

Penobscot Nation Department of Education & Career Services

5/16/2025

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2025 WIOA Income Verification Form

Applicant's Name: _____

Please verify your eligibility for participating in the WIOA program by checking all of the appropriate boxes given below. This form must be returned with your application along with proof of income.

2025 Federal Income Guidelines:

Family Size	Annual Income
1	\$13,647
2	\$22,371
3	\$30,710
4	\$37,903
5	\$44,734
6	\$52,306
7	\$59,878
8	\$67,450

Add \$7,572.00 for each additional person.

Please check all that apply:

- ☐ I verify that my household income is at or below the above federal guidelines. A copy of a recent payroll check stub, or a copy of a filed income tax form is attached for all household members.
- ☐ I verify that I am currently unemployed. Proof of unemployment or verification of receipt of other public assistance (TANF, Food Stamps, Subsidized Housing, General Assistance, etc.) is attached.
- ☐ I verify that I am currently under-employed, either working part-time or earning minimum wage. A copy of a recent payroll check stub is attached for all household members.
- ☐ I verify that no person in my household is working and that no person is receiving public assistance.

Signature of Applicant

Date