Quartz Valley Indian Reservation Education Department

ADULT VOCATIONAL PACKET

Contact Information

13601 Quartz Valley Road Fort Jones, CA 96032 (530) 468-5907 ph (530) 468-5908 fax

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QUARTZ VALLEY INDIAN RESERVATION JOB PLACEMENT AND TRAINING APPLICATION

The following documents are needed to complete your QVIR Adult Job Placement and Training Grant Application:

- 1. QVIR Adult Job Placement and Training Application
- 2. Tribal Enrollment Membership Certification or Verification
- 3. Letter of Acceptance/Re-Admission from College
- 4. Official High School Transcripts of GED
- 5. Current College Transcript
- 6. Attach copies of all transcripts or certificates beyond high school level
- 7. Financial Needs Analysis

The Quartz Valley Indian Reservation is requesting the following list of documents to complete your file. If any or all of the documents are not presented, your application process will be postponed.

Please allow at least six (6) weeks for the processing of your application.

Funds are awarded to participants who have fulfilled all requirements. By completing an application it does not guarantee you will receive funding/services.

Financial Assistance is based on the time of request, financial need, and funding availability. The "Financial Needs Analysis" is to be completed by the Training Institution's Financial Aid Department and returned directly to the OVIR Education Department.

This form can be sent by fax to: (530) 468-5908

Attn: Education Department Re: Financial Needs Analysis

Or mailed to: Quartz Valley Indian Reservation

Attn: Education Department 13601 Quartz Valley Indian Road

Fort Jones, CA 96032

Quartz Valley Indian Reservation Job Placement & Training

JOB PLACEMENT AND TRAINING: the purpose of the Job Placement and Training Program is to assist Indian people to acquire the job skills necessary for full time satisfactory employment.

ELIGIBILITY LIST:

- a) Applicants must be an adult Member of the Quartz Valley Indian Reservation and reside on or near the Quartz Valley Indian Reservation's service area.
- b) Eligible individuals shall be at least eighteen (18) years of age; with an understanding that High School Graduates shall be eligible at the age of seventeen (17) years. The program is designed primarily for persons between the ages of eighteen (18) and thirty-five (35) years. Individuals are eligible assuming training will lead to permanent employment and is otherwise feasible in terms of health and physical capability.
- c) An applicant must be in need of training in order to obtain reasonable and satisfactory employment; must be inexperienced and without additional training would result in extreme hardship for the applicant; and/or is in need of financial assistance in order to obtain such training. It must also be feasible for the applicant to pursue.
- d) Selection of applicants shall be made without regard to sex or marital status, providing they meet the requirements of paragraphs (a), (b), and (c) of this section.
- e) An applicant cannot receive more than two (2) repeats of training/funding services. Repeat training services will be determined on an individual basis; taking into account need, ability, prior performance and present motivation of the applicant. No client will automatically be entitled to receive the repeat of services. EXCEPTION: If additional funding should not provided it would create financial misfortunate for the participants.

Quartz Valley Indian Reservation APPLICATION FOR **ADULT JOB PLACEMENT & TRAINING**

Personal Information (Please Print Clearly)

Name:		I	Date of Birth:				
Social Security Number:		<u> </u>		Age:			
Mailing Address:							
Physical Address:		<u> </u>				_	
Telephone Number:		Message F	Phone Number	•			
Email Address:	Are you a Veteran: Yes No						
Are you a QVIR Tribal Member: Yes No		Tribal Enrollment Number:					
Marital Status: Single Married V	Vidow Divorc	ced Sep	parated				
Number of Dependents:	Number o	f Children in S	School:		_		
FINANCIAL ASSESSMENT (per month):							
Total Household Income: \$	Child Support Received for all children: \$						
AFDC, GA, Food Stamps, etc: \$		Worker's Compensation: \$					
Social Security Income (SSI): \$	Are benefits	•	or training thr		: Yes	No□	
Asset Other Income and Benefits (i.e. dividends, pe				- · · · · · · · · · · · · · · · · · · ·			
Asset Cash, Savings, Checking Account Value: \$ _	Asset Do you own a Home: Yes Value: \$						
Asset Do you own a vehicle(s): Yes Value: \$	Total Value of all assets: \$						
Monthly House payment: \$ M	Expense Monthly Rent Payment: \$			Expense Monthly Vehicle Payment: \$			
Expense Monthly Payment of Child Care/Babysitting: \$			Expense Child Support Payment: \$				
Expense Monthly Payment(s) on other loans (banks, credit cards, etc): \$			_ Total Va	Total Value of Expenses: \$			
IN CASE OF AN EMERGENCY CO	NTACT:						
Name:		I	Relationship:				
Mailing Address:							
Telephone Number:			Phone Number	•			
CERTIFICATION OF ACCURACY							
I certify the information given is full a	and correct. S	Signature &	& Date:				

Quartz Valley Indian Reservation EDUCATIONAL INFORMATION for ADULT JOB PLACEMENT & TRAINING

Request:	Initial: Repeat:			
Education:	Highest Grade Completed:			
School Atten	ded & Date(s):			
	ing you are applying for:			
Do you have	any physical limitations that would interfe	re with you	ır training? YES:	NO:
If yes,	please explain:			
•	d previous training? YES: NO:			
If yes,	please explain:			
Training Loc	eation Desired:			
Training:	Course No. and Title:			
wgv	School and Address:			
Do you have If yes, please):		
• , •	ENT HISTORY: LIST LAST THREE EMPLOYE			RENT
DATE, MONTH,	NAME, ADDRESS & TELEPHONE NUMBER	SALARY	TITLE	REASON FOR
YEAR		WAGE		LEAVING

Quartz Valley Indian Reservation TERMS & CONDITIONS for ADULT JOB PLACEMENT & TRAINING

I hereby agree to attend the training facility indicated on this application
I shall follow all rules, regulations, and attendance requirements of the training facility to the best of my ability and will satisfactorily complete the courses in which I have selected
I agree that the awarded funds issued to me for training purposes by Quartz Valley Indian Reservation (QVIR) will be used for the training and other training associated costs
I also agree that if the awarded funds are not used for the purpose intended, I must repay these funds to the Quartz Valley Indian Reservation
I will notify the QVIR JPT Program Coordinator, if I withdrawal from school at any time during the current academic year and I will return any unused portion of the grant to the QVIR upon the withdrawal from school
I understand that I must apply for other training funds/assistance such as Pell grant, etc. This will be included in my financial aid package
I agree and understand all the above conditions,Applicant's Signature
Applicant's Signature
Quartz Valley Indian Reservation PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT for ADULT JOB PLACEMENT & TRAINING
1) Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
2) The purpose of this information collection is determining your eligibility for services.
3) The routine use of this information is by QVIR JPT Program Coordinator to evaluate your request and to assist you before and during your training. After completion of training parts or all of the information in you application will be provided to employers who are considering you for employment. QIVR JPT Program Coordinator will use the application in a routine manner with the people involved in the financial department who need budgeting information contained in this application.
4) Failure to provide requested information may result in a delay or denial in receiving training you are seeking. I have read the above statements. I hereby provide the required information and authorized the use of such information to the
extent of uses specified in the statement.
Applicant's Signature: Date:
QVIR JPT Program Coordinator: Date:

Quartz Valley Indian Reservation SATISFACTORY PROGRESS CONDITIONS for ADULT JOB PLACEMENT & TRAINING

Individuals who enter into the Adult Job Placement & Training Program are accountable to the provisions of this part and are required to make satisfactory progress in training.

Program participants shall maintain a reasonable standard of conduct. Failure to meet these requirements due to reason within the trainees' control may result in termination of training benefits.

Individuals in Institutional Vocational Training courses are required to give evidence of progress by authorizing the institution attending to provide grade and/or progress reports to the appropriate contact office.

I HAVE READ AND UNDERSTAN	ID THE FOLLOWING REQUIREMENTS FOR THE QUARTZ
VALLEY INDIAN RESERVATION	N'S ADULT JOB PLACEMENT AND TRAINING PROGRAM.
(INITIAL)	
Ι,	, give my permission/consent to the Adult Job and
Training Program Coordinator or E	Educational Department Employee affiliated/or associated with this
program to request information from	m the Institution/Facility attending to provide course grades and/or
progress reports.	
Applicants Signature:	Date:

Quartz Valley Indian Reservation FINANCIAL NEEDS ANALYSIS for ADULT JOB PLACEMENT & TRAINING

Name:			Last (4) digits	of y Number: XXX-XX-	
Name.			Social Security	y Number: AAA-AA	
Mailing Address:					
Tribal Affiliation:				Tribal #:	<u>.</u>
applicant is require and other sources o	plied for Qua d by federal r f aid available	OMPLETED BY COLLEGI rtz Valley Indian Reserva ules/regulations to apply e. Verified financial need his student's application.	ntion (QVIR) V for college base information is	ocational Training G e aid, Pell Grant, Sta needed through you	te Grants r office
Budget Period: From _		to	, this will start on	(date):	
		ependent Dependent			
\$Budge	t \$ \$ \$	Tuition & Fees + Room & Board + Personal & Child +	\$Books and Supplies \$Transportation \$Other		
\$ Expecto	ed Student Contr 's Contribution (· ·	ol year, earnings,	assets & summer earning	gs/savings)
		Outside Aid/Reso			T &
PELL GRANT	\$	WORK STUDY	-	CHOLARSHIPS	\$
SOCIAL SECURITY	\$	VOCATIONAL SCHOOL	\$ V	ETERAN BENEFITS	\$
EOP/EOPS	\$	AFDC	\$	CAL GRANT	\$
BOG	\$	OTHER	\$ T	OTAL	\$
WE RECOMMENT		SIDER AWARDING TH			
COLLEGE NAME	LLEGE NAME EMAIL ADDRESS		ТЕГЕРНО	TELEPHONE #	
ATTN 13601			R FAX TO:	(530) 468-5908 ATTN: Education I Re: Financial Needs	-

Quartz Valley Indian Reservation ADULT JOB PLACEMENT & TRAINING PROGRAM FORM

I,, understand that in order to receive services from the Job Placement and Training Program I must complete and provide all required documentation, and that approval is based
on funding availability; whether it is Direct Services, Adult Vocational, On-the-Job Training Assistance or a Position. Approval of an applicant is based on federal guidelines.
According to the Bureau of Indian Affairs, Code of Federal Regulation, Part 46 Adult Education Program (Subpart A, 46.20 Program Requirements (b)) The Adult Education Office, to ensure efforts that no duplication of services exists, will identify other services in the area, including those offered by Federal, State and Tribal entities, that are designed to meet the same needs as those to be addressed by the project, and the number of Indian adults who receive those services.
I understand the meaning of the above CFR regulation, which means that I cannot request the same exact assistance from any other organizations. I understand that I may be able to request different financial assistance from other organizations.
I FULLY UNDERSTAND THE ABOVE STATEMENT: INITIAL
I understand that the Quartz Valley Indian Reservation will be collaborating with the Northern California Indian Development Council Inc. and other Federal, State, or Tribal agencies/or organization, to guarantee that requested services are not being duplicated.
I give consent for the QVIR Education Department to obtain information from other agencies. All information obtained will be stamped confidential and placed in your file.
All JPT participants are required to sign this form in order to receive the Job Placement & Training Assistance and Services.
I FULLY UNDERSTAND AND AGREE TO ALL THE ABOVE CONDITIONS:
Participant's Signature: Date:
By signing this document I am certifying that all information provided orally and on this application is true to the best of my knowledge. I am aware that such information is subject to verification and the falsification of this information shall be grounds for my termination from any program in which I am participating and I may be subject to prosecution under the law.
You must sign this portion, to retain or receive services.
Applicant's Signature:Date: