



Youth Employment and Training Program

A program of the Workforce Innovation and Opportunity Act (WIOA)

A comprehensive youth program for eligible youth, ages 14-24, who face barriers to education, training, and employment, and who reside in Big Horn, Carbon, Stillwater, Sweet Grass, or Yellowstone Counties.

The ultimate goals of the program are for the client to complete secondary school and obtain diploma or equivalent; **AND** enroll in a post-secondary education placement; **OR** obtain unsubsidized employment.

APPLICATION CHECKLIST *Please submit the following:*

√	Item to turn in and location in packet	Date Turned In
	Youth Profile (Pages 2-4)	
	Verification of Barrier (Page 5 or 6)	
	School Status Documentation (Page 7)	
	Verification of Low Income (In School Youth only -Page 7)	
	Basic Intake Form (Page 8)	
	Citizenship Documentation <ul style="list-style-type: none"> ▪ Birth Certificate, or ▪ Native American Tribal Document, or ▪ US Passport 	
	Copy of Photo ID <ul style="list-style-type: none"> ▪ US Passport, or ▪ Federal, State, or Local ID, or ▪ Driver’s License 	
	Copy of Social Security Card	
	Selective Service Documentation (Required of all male applicants 18 or older) <ul style="list-style-type: none"> ▪ Selective Service Registration Card, or ▪ Acknowledgement Letter 	

Submit application to:

HRDC District 7
 Youth Employment & Training Program
 3116 First Avenue North
 PO Box 2016
 Billings, MT 59103

Fax Number: (406) 247-4747

For more information:

Phone Number: (406) 247-4732

HRDC website: HRDC7.org/youth



Youth Employment and Training Program

YOUTH PROFILE

HRDC Youth Employment and Training Program

Any application information provided is confidential and will not be released to any other organization or individuals without the applicant's direct consent. **This application must be filled out by the applicant themselves. Please use blue or black ink.**

Applicant Information

First Name:				Birth Date:	
Last Name:				Current Age:	
Mailing Address:					
	City:	State:	Zip:		
Cell Phone #		Voicemail (yes or no)		Texts (yes or no)	
Alternate Phone #		Voicemail (yes or no)		Texts (yes or no)	
Email Address:					
Who is a good emergency or support contact person? (name and relationship)					
Contact person's phone number:					

Education Information

Are you currently in school? <i>Please check mark below and answer questions that follow.</i>					
YES	NO	If Yes, what school you are attending:		Current Grade:	
Did you earn your diploma? (yes or no)				If no, are you working on a HiSET? (yes or no)	
What was the last grade you completed?					

Employment Information

Have you ever had a job? (yes or no)		If yes, are you currently employed? (yes or no)	
Have you been fired from or lost your job within the last 6 months? (yes or no)			



Youth Employment and Training Program

Additional Information Please check mark in the yes or no column for each question.

	Yes	No
Did you drop out of school?		
Do you have a criminal history?		
Do you have a permanent and regular nighttime residence?		
Are you currently living in a shelter, or transitional or temporary housing situation?		
Have you run away from home within the last year?		
Have you previously been or are you currently in foster care?		

	Yes	No
Are you pregnant or parenting?		
Do you have a documented disability?		
Are you a veteran or the spouse of a veteran?		
Have you or your family received TANF benefits in the last 6 months?		
Have you or your family received SNAP benefits (food stamps) in the last 6 months?		
Do you receive SSI or SSDI?		

Please briefly answer the following questions.

What are your career goals?

What are your education goals?

What are your interests and hobbies?

Continued on next page....



Youth Employment and Training Program

What type of occupations or career fields interest you?

What work readiness skills are you most interested in developing?

I ATTEST THAT THE INFORMATION PROVIDED ABOVE AND IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY OF THIS INFORMATION IS MISREPRESENTED OR INCOMPLETE, IT MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE

DATE



Youth Employment and Training Program

QUALIFICATIONS/ VERIFICATION

OUT OF SCHOOL YOUTH

To qualify as an Out-of-School Youth the applicant must be:

1. Not attending any school
Includes homeschools that are not registered with the county superintendent
2. Age 16-24 years
3. Must have a barrier to employment (see table below)

*Only 1 barrier is needed to qualify for the program.
Please attach **one** of the corresponding documentation for the applicable barrier.*

Out of School Youth Barriers	
Barrier	Documentation
School Dropout	Letter from School
	School Record
Offender	Court Documents
	Letter from Pre-Release Center
	Letter from Probation Officer
	Police Records
Homeless	Letter from Shelter/ Agency
Runaway	Letter from individual providing temporary residence
Foster Care: currently in, aged out of, in an out-of-home placement, or in Chafee Foster Care Independence Program	Letter from State or Local Agency or Foster Home
Pregnant or Parenting	Birth Certificate(s) or Hospital record of birth of child
	Physician’s Note confirming pregnancy
Disability	Individualized Education Plan (IEP) (within the last 1 year)
	Physician’s Statement of disability
	Psychiatrist’s or Psychologist’s Statement of Diagnosis
	Social Security Administration Disability Records



Youth Employment and Training Program

QUALIFICATIONS/ VERIFICATION

IN SCHOOL YOUTH

To qualify as an In-School Youth the applicant must be:

1. Attending any school program
including secondary school, post-secondary school, an alternative education school, or a registered home school
2. Age 14-21 years
3. Low income (page 8)
4. Must have a barrier to employment (see table below)

Only 1 barrier is needed to qualify for the program.

*Please attach **one** of the corresponding documentation for the applicable barrier.*

In School Youth Barriers	
Barrier	Documentation
Offender	Court Documents
	Letter from Pre-Release Center
	Letter from Probation Officer
	Police Records
Homeless	Letter from Shelter/ Agency
Runaway	Letter from individual providing temporary residence
Foster Care: currently in, aged out of, in an out-of-home placement, or in Chafee Foster Care Independence Program	Letter from State or Local Agency or Foster Home
Pregnant or Parenting	Birth Certificate(s) or Hospital record of birth of child
	Physician’s Note confirming pregnancy
Disability	Individualized Education Plan (IEP) (within the last 1 year)
	Physician’s Statement of disability
	Psychiatrist’s or Psychologist’s Statement of Diagnosis
	Social Security Administration Disability Records



Youth Employment and Training Program

SCHOOL STATUS *(Documentation needed for both in and out of school youth)*

High School Diploma*	Drop-out Letter
GED or HiSET certificate*	Attendance records
Transcript	School Documentation

*If applicant has High School Diploma, GED, or HiSET, please attach a copy of the document.

LOW INCOME ELIGIBILITY VERIFICATION NEEDED* *(In School Youth Only)*

*Applicants with a disability will qualify as a family of one.

If the applicant is receiving public assistance, please attach one of the following to verify low income status:

Public Assistance Eligibility Verifications	
Program	Acceptable Documentation
SNAP	SNAP Public Assistance Record with applicant's name on the document
	Letter of Award addressed to the applicant
ACA Medicaid	Letter of Award addressed to applicant
Free or Reduced Lunch	Documentation from School

Cash Public Assistance Verifications	
Program	Acceptable Documentation
TANF	Cash Public Assistance Record with the applicant's name on the document
	Letter of Award addressed to the applicant

If the applicant is not receiving public assistance, please attach the following to verify low income status:

Income & Family Size	Acceptable Documentation
Verification of Low Income	Pay Stubs*
	Social Security Benefits Letter
Verification of Family Size	Birth Certificates of household members
	Medicaid Cards of household members

*See Income Table online hrdc7.org/youth

WIOA Title 1 Programs are an equal opportunity program/ employer. District 7 HRDC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type.



HUMAN RESOURCES DEVELOPMENT COUNCIL

7 North 31ST Street; P.O. Box 2016

Billings, MT 59103

406.247.4732 1.800.433.1411

FOR OFFICE USE ONLY

HH# _____

ENTERED ON COMPUTER _____

PROGRAM INITIALS _____

BASIC INTAKE FORM

SEX CODES

F = Female

M = Male

RACE CODES

BL = Black – Not Hispanic

WH = White – Not Hispanic

AI = Native American/Alaskan Native

HB = Hispanic – Black

HW = Hispanic – White

HI = Hispanic

AS = Asian

PI = Pacific Islander

OT = Other

HOUSEHOLD MEMBER INFORMATION

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE			Sex	RACE	DISABLED YES / NO	MILITARY STATUS	CHECK ANY THAT APPLY	LAST GRADE COMPLETE OR DEGREE EARNED	WORK STATUS	HEALTH INSURANCE (CHECK ALL THAT APPLY)
			M	D	YR								
1.		SELF / HEAD OF HOUSE						<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
2.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
3.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
4.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
5.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
6.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	
7.								<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Tribal Member <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> V.A. <input type="checkbox"/> NONE	

Basic Intake Form page 2

HOUSEHOLD ADDRESS INFORMATION

Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____ Contact Name: _____

Housing Structure Type: ___ Apartment/Duplex ___ Single Family House ___ Mobile Home ___ Shelter/Transitional ___ None/Homeless

Do you: ___ Rent / ___ Own Live On a Reservation: ___ Yes / ___ No

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship.

(Do not include Food Stamps or any other non-cash assistance programs below.)

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			

**READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER**

- ◆ The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.
- ◆ The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- ◆ I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature: _____ Date: ____/____/____