

# **DIRECT EMPLOYMENT ASSISTANCE PACKET**



**Contact Information**

**13601 Quartz Valley Road**

**Fort Jones, CA 96032**

**(530) 468-5907 ph**

**(530) 468-5908 fax**

**Frieda Bennett-Education Director**

**[Frieda.bennett@qvir-nsn.gov](mailto:Frieda.bennett@qvir-nsn.gov)**

## Guidelines for Direct Employment

Definition of Direct Employment: is intended to meet the immediate or related needs or assistance for adults with employment offers. It makes it possible for the participant to keep their job.

Assistance typically used during the first month of employment or until it is determined that further assistance would not result in the individual finding employment. It is also based on availability of funding.

Direct Employment Services cannot be duplicated, and verification will be made from other organization(s)

Following work related cost, acquired under direct employment:

ITEMS:	DESCRIPTION:
A) Books & Supplies-	Needed for your job, to accomplish work tasks.
B) Tool-Basic Sets-	Required for your job.
C) Transportation Cost-	To get to the work site.
D) Child Care-	To provide day care or baby-sitting cost
E) Uniforms-	Required for your job
F) Special Shoes-	Needed for specific job, not personal shoes.
G) Safety Equipment-	To perform tasks, requested by your employer.
H) Business Attire-	Special clothing required for your job/work.

\*\*\* All requests require a letter from the school, an instructor or employer. Cost must be determined to be reasonable.

### ELIGIBILITY REQUIREMENTS:

1. A member of a federally recognized tribe.
2. An adult applicant who has not exhausted their 24-month maximum time limit.
3. An applicant who is in need of employment and does not have marketable skills, training or work-related items.
4. Priority is given to applicants who have not used these services before.

## Requirements for Direct Employment Services

Quartz Valley Indian Reservation Education Department requires a job confirmation letter by your employer, and it should contain the following information:

1. NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR EMPLOYER
2. JOB TITLE
3. WAGE
4. EFFECTIVE DATE OF EMPLOYMENT
5. FIRST PAY DATE
6. FIRST FULL PAY DATE
7. STATEMENT THAT THE JOB IS ANTICIPATED TO BE PERMANENT

### **APPLICANT MUST COMPLETE THE FOLLOWING FORMS:**

- (A) PRELIMINARY APPLICATION FOR EMPLOYMENT ASSISTANCE
- (B) QVIR EMPLOYMENT ASSISTANCE FINANCIAL ASSESSMENT/NEED FORM
- (C) QVIR JOB PLACEMENT & TRAINING PROGRAM FORM
- (D) SIGNATURE ON PRIVACY ACT & PAPERWORK REDUCTION ACT
- (E) SATISFACTORY PROGRESS

### **FINANCIAL ASSISTANCE FOR PROGRAM PARTICIPANTS:**

- Individuals/participants may be granted financial assistance, as needed based on rates established by the (QVIR) JPT program.
- The funding assistance available may be used for employment costs or supportive services, such as: transportation, to employment location; emergency assistance-must be justified and have prior approval from Program Directive (The list of allowed cost-found on the first page of this packed).
- Marital status of applicants is not a consideration for determining eligibility, but proof of marriage or relationship is required for determining family subsistence.
- Financial assistance shall not be used to supplement the income of a person already employed.
- Share of Cost will be implemented if an applicant is not below the Federal Poverty Level.
- No Student shall receive more than \$1,500.00 in one Fiscal Year.

Preliminary Application for Employment Assistance Service

Name: \_\_\_\_\_ Maiden/Alias: \_\_\_\_\_  
LAST FIRST M/I

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Education: (CHECK ONE) H.S. Diploma:  GED:  Highest Grade: \_\_\_\_\_

Have you attended any school since High School? YES:  NO:

If yes, please explain: \_\_\_\_\_

Name and Location of Last School attended: \_\_\_\_\_

TYPE OF SERVICE REQUESTING: (CHECK ONE)

DIRECT EMPLOYMENT:  ON-THE-JOB TRAINING:  ADULT VOCATIONAL:

School you wish to attend: \_\_\_\_\_

Type of Training desired: \_\_\_\_\_

Training Facility/Employer: \_\_\_\_\_

If unable to attend a Community College, please explain?

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU RECEIVED PREVIOUS QVIR OR BIA ASSISTANCE? YES:  NO:

If yes, which program?

Direct Employment:  Adult Vocational Training:  On-the-Job:  Higher Education:

Training Facility or Employer: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Agency that funded you, NAME AND LOCATION: \_\_\_\_\_

ARE YOU A MEMBER OF THE QUARTZ VALLEY INDIAN RESERVATION?

YES:  NO:  If yes, Enrollment Number: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Financial Assessment

### INCOME FROM WAGES:

<b>A. Applicant's Total Income (per month)</b>	\$ _____
<b>B. Spouse's Total Income (per month)</b>	\$ _____
<b>Total:</b>	\$ _____

### INCOME AND/OR OTHER BENEFITS (PER MONTH)

<b>A. Social security Income (SSI)</b> Are benefits available for training through SSI?	\$ _____ YES: <input type="checkbox"/> NO: <input type="checkbox"/>
<b>B. AFDC, GA, Food Stamps, UIB, etc.</b>	\$ _____
<b>C. Child support received for all children</b>	\$ _____
<b>D. Other income and benefits</b> (i.e., dividends, per capita payment, etc.)	\$ _____
<b>E. Worker's compensation</b>	\$ _____
<b>Total:</b>	\$ _____

### APPLICANT'S ASSETS:

<b>A. Cash, savings, and checking accounts:</b>	\$ _____
<b>B. Do you own your home?</b> YES: _____	Value \$ _____
<b>C. Do you own a vehicle(s)</b> YES: _____	Value \$ _____
<b>D. Do you own a boat?</b> YES: _____	Value \$ _____
<b>E. Do you own any other valuable types of assets?</b>	Value \$ _____
<b>Total:</b>	\$ _____

### EXPENSES:

<b>A. Monthly house payment?</b>	\$ _____
<b>B. Monthly payment of rent?</b>	\$ _____
<b>C. Monthly payment of childcare/babysitting?</b>	\$ _____
<b>D. Monthly payment for vehicle?</b>	\$ _____
<b>E. Monthly payment for boat?</b>	\$ _____
<b>F. Monthly payment(s) for child support?</b>	\$ _____
<b>G. Monthly payment(s) on other loans</b> (banks, credit cards, etc)	\$ _____
<b>H. Medical/Dental not covered by I.H.S</b>	\$ _____
<b>I. Monthly Utility Bills</b>	\$ _____

### CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED:

I certify the information that I have given is full and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse

\_\_\_\_\_  
Date



## Employment Record

List three most recent Jobs

EMPLOYER NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF EMPLOYMENT: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DESCRIPTION & DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF EMPLOYMENT: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DESCRIPTION & DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF EMPLOYMENT: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DESCRIPTION & DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**By signing this document, I am certifying that all information provided orally and/or on all applications are true to the best of my knowledge. I am aware that such information is subject to verification and that falsification of this information shall be grounds for my termination from any program in which I am participation; and I may be subject to prosecution under the law.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

## Funding Terms

I hereby agree to attend the school/facility/business indicated on this application. I must and will follow all rules, regulations, and attendance requirements for the school/facility/business. I will to the best of my ability complete the course/training in which I have selected or been appointed for.

I agree that the funds/financial assistance issued to me for training purposes by Quartz Valley Indian Reservation (QVIR) will be used for the training only or other training associated with costs.

I also agree that if the funds/financial assistance are not being used for the purpose intended. I must repay these to the Quartz Valley Indian Reservation.

If terminated from position before the assistance was spent, the remaining/or whole amount must be given back to the Quartz Valley Indian Reservation.

I understand that I can not receive duplicated services from other organizations (A CFR form will be attached to explain this.)

I agree and understand all the above conditions:  
(You must initial or it may postpone your services) \_\_\_\_\_ Initial

## Privacy Act and Paperwork Reduction Act Statement

- Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
- The purpose of this information collection is determining your eligibility for services.
- 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 the completion of training all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by QVIR JPT program Coordinator with the people involved in the financial department who need budgeting information contained in this application.
- Failure to provide requested information may result in a delay or denial in receiving training you are seeking.

**I HAVE READ THE ABOVE STATEMENT. I HEREBY PROVIDE THE REQUIRED INFORMATION AND AUTHORIZE THE USE OF SUCH INFORMATION TO THE EXTENT OF USES SPECIFIED IN THE STATEMENT.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
QVIR JPT PROGRAM COORDINATOR

\_\_\_\_\_  
DATE



**SATISFACTORY PROGRESS CONDITIONS**

An individual who enters training pursuant to the provisions of this part is required to make satisfactory progress in their employment position.

Program participants shall maintain a reasonable standard of conduct. Failure to meet these requirements due to reason with the trainee’s control may result in termination of assistance/benefits.

Termination of trainee’s position before the first paycheck, the trainee can not ask for the additional direct employment assistance. \_\_\_\_\_ (Initial)

I, \_\_\_\_\_, give my permission/consent to the Adult Job and Training Program Coordinator or QVIR employee’s affiliated/associated with this program to inquire information from the Institution/Facility/Business attended to provide performance or verification from appropriate contact office.

\_\_\_\_\_  
**APPLICANT’S SIGNATURE**

\_\_\_\_\_  
**DATE**



**Quartz Valley Indian Reservation Use Only**

I certify that \_\_\_\_\_, is an enrolled member of the \_\_\_\_\_ Tribe and is/is not eligible for education funding assistance services through the Quartz Valley Indian Reservation.

Education Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**QVIR Job Placement & Training Program- Information Form**

I, \_\_\_\_\_, understand that the services I receive from  
Participant's Name  
the Job Placement and Training Program, whether it is Direct Employment, Adult Vocational, or On-The-Job Training, Assistance or Position, I may receive these services, after I completed and provided the required documentation and also based on funding availability. Approval on an applicant is based on Federal Guidelines and it will be followed.

**“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 in the are, 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 can not request the same exact assistance from any other organizations. I also 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 Northern California Indian Development Council Inc. and other Federal, State, or Tribal agencies/or organizations, to guarantee that requested services are not being duplicated.

I will consent for the QVIR Education Department to obtain information from the other agencies. All information obtained will be stamped confidential and placed in QVIR Education Department's files.

All QVIR JPT participants are required to sign this form to receive the Job Placement & Training Assistance and Services.

I FULLY UNDERSTAND AND AGREE, TO ALL THE ABOVE CONDITIONS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## Individual Self-Sufficiency Plan (ISP) Educational Goals

Do you intend to seek employment in the Quartz Valley Indian Reservation area upon completion of your education? Yes  No

What are your long-range career goals? How will your educational experience help you to achieve them?

---



---



---



---



---

Steps Needed to Achieve Goals		
Work Activities	Education/Training	Other Activities
<input type="checkbox"/> Employment Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills
Instruction		
<input type="checkbox"/> Job Search	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting
Skills		
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> ESL	<input type="checkbox"/> Childcare
Assistance		
<input type="checkbox"/> Job Sampling or Job Shadow <input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Child Support <input type="checkbox"/> Substance
Abuse Assessment		
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Substance
Other		
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Activity Plan and Goals			
Start Date	Goal #1	Who will do it?	Date to be achieved
Steps to Achieve Goal #1			
1.			
2.			
Start Date	Goal #2	Who will do it?	Date to be achieved
Steps to Achieve Goal #2			
1.			
2.			

I hereby certify that the information provided to the Quartz Valley Indian Reservation is factual and accurate to the best of my knowledge. I authorize release of information between Quartz Valley Indian Reservation and appropriate educational and tribal institutions pertaining to my scholarship's grants.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Education Representative: \_\_\_\_\_

Date: \_\_\_\_\_

