1.1 Purpose. The purpose of this chapter is to provide Indian Affairs personnel with guidance on the administration of vocational training and direct employment assistance programs.

1.2 Policy. It is the policy of Indian Affairs to provide vocational training and employment assistance to Indians to improve skills, provide increased employment opportunities, and reduce reliance on welfare programs.

1.3 Authority.


1.4 Responsibilities.

A. Chief, Division of Employment Development

(1) Develops policies, procedures, and standards for operation of the employment assistance and adult vocational training programs;

(2) Provides guidance and assistance as requested to Regions, Agencies and tribes operating employment assistance and adult vocational training programs;

(3) Conducts oversight of private contractors who provide specialized training and job assistance to Indians; and

(4) Prepares statistical performance information.

B. Region/Agency Vocational Training Staff

(1) Provide technical assistance to tribes in the operation of adult vocational training programs, as requested or required;

(2) Assist individuals in completing the application form in Illustration 1 or refer individual to tribal office if program is contracted;

(3) Work with local vocational training institutions to ensure suitability of coursework and review prospects for suitable employment upon completion of various vocational programs;

(4) Determine reasonableness of cost for training and other expenses to be incurred during training such as room and board if student will be attending training away from home;

(5) Provide counseling services to students before, during, and after training;
(6) Review applications for initial request for training and verify information contained in applications;

(7) Approve or reject training applications based on available funding and student need;

(8) Provide job placement assistance upon completion of training if training institution does not have a job placement program;

(9) Actively recruit individuals who may be eligible for assistance;

(10) Ensure grade reports are received from each client at the end of each grading period and review the reports for adequate progress and passing grades;

(11) Maintain files and records on each client; and

(12) Submit quarterly status report, as shown in Illustration 2, to the Chief, Division of Employment Development.

C. Region/Agency Employment Assistance Staff

(1) Provide technical assistance to tribes in the operation of employment assistance programs, as requested or required;

(2) Provide comprehensive career guidance and counseling services;

(3) Assist individuals in completing the application form, as shown in Illustration 1, or refer individual to tribal office if program is contracted;

(4) Review applications for initial request for services in accordance with client career decisions and eligibility criteria, and verify employment and other information contained in applications before providing employment assistance services;

(5) Make referrals to post-secondary and adult education programs, as appropriate;

(6) Work with local public and private employers, state employment offices, and other employment resources to identify job openings and entry hiring qualifications and make arrangements to refer clients as they become eligible for job placement assistance;

(7) Actively recruit individuals who may be eligible for assistance;

(8) Maintain files and records on each client; and

(9) Submit quarterly status report, as shown in Illustration 2, to the Chief, Division of Employment Development.
1.5 Adult Vocational Training.

   A. Grants will be awarded based upon need and available funding. Vocational training grants are awarded for the length of the training program, not to exceed 2 years, as long as the student demonstrates adequate progress. A one-year extension may be granted for registered nurse training.

   B. At the discretion of the Bureau, funding can be provided for:

      (1) Transportation to training site;
      (2) Subsistence while en route to training site;
      (3) Tuition;
      (4) Personal appearance items such as clothing and shoes;
      (5) Housing and housewares;
      (6) Shipment of household goods, if reasonable and minimal;
      (7) Childcare;
      (8) Emergency needs;
      (9) Job placement; and
      (10) Professional counseling.

1.6 Employment Assistance.

   A. Assistance will be provided until the individual receives the first paycheck from employment or until it is determined that further assistance would not result in the individual finding a job.

   B. At the discretion of the Bureau, funding can be provided for:

      (1) Transportation costs;
      (2) Fees for job placement agencies;
      (3) Personal appearance items such as clothing and shoes;
      (4) Housing and food;
      (5) Professional counseling; and
      (6) Equipment needed to perform trade, such as protective eyewear and uniforms.
# APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

### INFORMATION RECORD

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Mailing Address:</th>
<th>Date of Birth:</th>
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<tr>
<th>Veteran</th>
<th>Marital Status</th>
<th>Number of Dependents</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Single</td>
<td>Dependents</td>
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<tr>
<td>No</td>
<td>Married</td>
<td></td>
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<tr>
<td></td>
<td>Divorced</td>
<td>Children in School</td>
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<td></td>
<td>Separated</td>
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**Applying for**

- **Vocational Training**: Initial
- **Direct Employment**: Repeat
- **Other**: (Circle)

**Agency**

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<th>Region</th>
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**In Case of Emergency**

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<tr>
<th>Name:</th>
<th>Address:</th>
<th>Telephone No.:</th>
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**Education**

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<th>Highest Grade Completed:</th>
<th>Schools attended and Date(s):</th>
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**Type of Training or employment you are interested in:**

**Do you have any physical limitations that would interfere with your training or employment?**

- **Yes**
- **No**

If yes, please explain.

**Have you had previous training?**

- **Yes**
- **No**

If yes, please explain.

**Training or Employment Location Desired:**

For Training:

<table>
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<tr>
<th>Course No. and Title:</th>
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**School and Address:**

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**Do you have income from any source?**

- **Yes**
- **No**

If yes, please explain.

### EMPLOYMENT RECORD: (List your three most important periods of employment.)

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Employer Name and Address:</th>
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<th>Job Title:</th>
<th>Description and Duties:</th>
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**Reason for Leaving:**

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TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Bureau of Indian Affairs' personnel.

(Initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by BIA and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Director Employment, parts or 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 counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance 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 the uses specified in the statement.

(Applicant Signature) (Date)

(Interviewer Signature) (Date)

FOR AGENCY USE

I certify that ________________ is ________________ degree of Indian blood, member of the __________________________ tribe and is/is not eligible for training or employment assistance services.

Recommended by: ____________________________  Approved: ____________________________

Title: ____________________________  (Agency Superintendent)

If required, Regional Action taken:  Approved_______  Disapproved_______  Date: ______

(Regional Director)

Paperwork Reduction Act Notice of 1995 (5 C.F.R. Part 1320). This information is being collected to determine the eligibility for vocational training. Response to this request is required to obtain financial assistance services. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Burden Estimate Statement: Public reporting burden for this form is estimated to average 30 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Indian Affairs, 1849 C Street, NW, Washington, D.C. 20240, and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.
EMPLOYMENT ASSISTANCE ACTIVITY REPORT  
FISCAL YEAR ______

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<tr>
<th>Region, Agency, Contractor</th>
<th>A V T</th>
<th>D E</th>
<th>Other</th>
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<td>THIS QTR.</td>
<td>TO DATE</td>
<td>THIS QTR.</td>
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1. APPLICATIONS:
   - Total Inquiries
   - Applications Received
   - Processed
   - Funded
   - Pending

2. TRAINING:
   - Carryovers
   - New Entries
   - Total Participants
   - Completions
   - Discontinued
   - In Training at End of Quarter

3. EMPLOYMENT

4. FUNDS:
   - Expended
   - Average Client Cost
   - Total Program/Contract

5. COMMENTS (Please use separate sheet of paper for your comments.)
EMPLOYMENT ASSISTANCE ACTIVITY REPORT

This statistical data is gathered for preparation of the Budget Justification and for program analysis by Central Office. Agencies and Employment Assistance Contractors submit reports to their Regional Office responsible for data collection.

DEFINITION OF TERMS

**Fiscal Year** ................. Year during which quarterly reports are being prepared.

**Region, Agency, Contractor** .... Organization preparing the report.

**Quarter Ending** ............. Quarter for which report is being prepared.

**AVT, DE** ....................... Adult Vocational Training includes OJT, training in which the Employment Assistance Program was a contributing factor, and job placement after training. Direct Employment includes employment where the Employment Assistance Program was a contributing factor.

**Other** ........................ Iron Worker Training, United Tribes Technical College, and discretionary use (explain under other).

**This quarter** ................. Same as Quarter Ending.

**To Date** ........................ Cumulative data for fiscal year.

**Inquiries** ..................... Walk-in, telephone, mail, etc., requesting information about training or employment opportunities.

**Applications Received** ........ Total number of applications actually received by the funding agency.

**Processed** ...................... The total number of applications determined as meeting all eligibility requirements for participation in the program.

**Funded** ......................... Applications approved and funded for AVT or DE.

**Pending** ........................ Applications approved but not funded for AVT or DE.

**Carryovers** ..................... Those in training at the end of the quarter immediately prior to the period being reported.

**New Entries** .................... Those who entered training during the period being reported.

**Total Participants this QTR** .... Combine “Carryovers” and “New Entries”.

**Completions this QTR** ............ Those who completed training during the period being reported.

**Discontinued this QTR** ............ Dropped from training and not placed in employment during period being reported.

**In Training at End of QTR this QTR** .... Those who were still in training at end of quarter and expect to be carried over to next quarter.

**To Date** ........................ Difference between participants and those no longer in program at end of period being reported.

**Employment AVT this QTR** ............ Those placed in employment after training including partial completions (not having completed training but placed in employment related to their training during period being reported).

**Employment DE this QTR** ............ Placed in employment using the Direct Employment Program. Also, those placed on jobs where employment assistance was a contributing factor for the period being reported (i.e., DE and JTPA joint sponsorship).

**Average Client Cost, AVT** ............ Total amount of direct grant to client dollars spent during period being reported, divided by total number of training and employment after training participants during period being reported.

**Average Client Cost, DE** ............ Total amount of direct dollars spent on job placement, divided by total number of clients served.

**To Date AVT & DE** ............... An overall comparison.

**Comments** ........................ Use to further define data if necessary including information in the Other column.