



**LAC COURTE OREILLES TRIBAL GOVERNMENT**  
 WORKFORCE INNOVATION OPPORTUNITY ACT  
 WIOA Department  
 13394W Trepania Road  
 Hayward WI 54843  
 PHONE: 715-634-8934 EXT. 7411

Date Stamp Rec'd	<b>AGES 14 - 24</b>
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**YOUTH WORK EXPERIENCE PROGRAM CHECKLIST**

Applicant Name: \_\_\_\_\_

Be sure to review this checklist and return completed applications to the WIOA Department. All items of this checklist must be submitted with the application, otherwise the application will be considered incomplete.

**Incomplete applications will not be Accepted**

- Family Income Verification** for the last 30 days
- Copy of **Social Security Card**
- Proof of Residency** is required
  - In School: Ages 14-18, School Enrollment Proof
  - Out of High School: Ages 18-24, Mail with Physical Addressed Listed (Utility Bill, Housing Agreement, etc.)
- Proof of Tribally Enrolled Member** (Copy of Current Enrollment Card)
- Photo ID Card** – any one of the following:
  - \*Driver's License
  - \*Wisconsin State ID Card
  - \*Tribal Enrollment Card
  - \*College Picture ID Card
  - \*Current High School Picture ID
- Copy of **Birth Certificate**
- Selective Service Verification** for all Males Ages 18-25
- Current Resume'**

	<p>-Did you sign your name on the youth application? Remind your Parent/Guardian to sign too!</p> <p>-Did your Parent or Guardian fill out the Income Statement and sign?</p> <p>-Did you Parent or Guardian fill out and sign the Permission and Waiver forms for you?</p> <p align="center"><i>But if you are 18 or older, only you need to sign permission and Waiver forms.</i></p>
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**Application Deadline: MAY 22, 2026**

applications received after deadline is placed in the waiting list.

FOR YOUTH WIOA STAFF USE ONLY: APPLICATION REVIEW	
1 <input type="checkbox"/>	I Certify all documents listed are submitted with the application on time WIOA Staff accepting application (Initials) _____ Date verified complete: _____
2 <input type="checkbox"/>	Pending Items to complete: <input type="checkbox"/> SSC <input type="checkbox"/> BC <input type="checkbox"/> INCOME <input type="checkbox"/> ENROLLMENT <input type="checkbox"/> PROOF OF RESIDENCY Date all pending items received: _____



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**YOUTH WORK EXPERIENCE PROGRAM**

USE INK – PLEASE PRINT

Date of Application: \_\_\_\_\_

All applicants selected must commit to work through the entire Youth Work Experience Program. Education, Sports, Camp Requests must be provided to WIOA Department Youth Program by: \_\_\_\_\_. Workers will only be excused for one event not to exceed one week, with exception to those approved to attend the LCO Ojibwe Community College Pre-College Program.

**BASIC INFORMATION**

Full Name: \_\_\_\_\_ Gender:  Male  Female  
 Last First M.I.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_\_

Ethnic Status:  Native American  Native Alaskan  Native Hawaiian  Other

Marital Status:  Single  Married  Widowed  Divorced

Parent or Legal Guardian \_\_\_\_\_  
 Last First M.I.

Mailing Address: \_\_\_\_\_  
 P.O. Box Number/Address City State Zip Code

Physical Address \_\_\_\_\_  
 Fire Number & Street Name City State ZIP Code

Phone: \_\_\_\_\_ Secondary phone/Cell #: \_\_\_\_\_  
 (Area Code) Number (Area Code) Number

**ELIGIBILITY:** To be eligible you must be enrolled in a federally recognized Tribe. Attach Proof of Enrollment  
 Are you an Enrolled Member of a Federally Recognized Tribe?  Yes  No If Yes, Enrollment #: \_\_\_\_\_

**UNEMPLOYED**

1. Have you been unemployed for the last 7 days?  Yes  No Last date of employment: \_\_\_\_\_
2. Have you made specific efforts to find a job within the last week?  Yes  No  N/A
3. Why was the reason you could not accept a job in the last week if one had been available?

**UNDEREMPLOYED**

1. Are you currently working Part Time (less than 40 hours per week)?  Yes  No  N/A  
 If yes, number of hours are your working per week: \_\_\_\_\_
2. If you are working Part time, are you seeking full time employment?  Yes  No  N/A

**ECONOMICALLY DISADVANTAGED**

1. Are you or your family currently receiving:  
 → Commodities  Yes  No If Yes, beginning date: \_\_\_\_\_

→ Food Share  Yes  No → General Assistance  Yes  No  
 → SSI  Yes  No

2. Are you a foster child on behalf of whom state or local government payments are made:

3. Do you have a disability?  Yes  No If Yes, please describe:

4. List all family members, regardless of whether they have any income, complete all columns, including enrollment #:

NAME	ENROLL #	AGE	RELATIONSHIP	INCOME TYPE	LAST 6-MONTHS
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**THIS SECTION OFFICE USE:**

6-MONTH INCOME TOTAL:

6-MONTH INCOME X 2:

Total number of Family members: \_\_\_\_\_ Current Poverty Level: \_\_\_\_\_ Families 70% Poverty Level: \_\_\_\_\_

If families income totals 0 please explain:

**PRIOR PARTICIPATION:**

Have you participated in WIOA before?  Yes  No If yes enter information in columns below:

Sponsoring Organization	City	State	Program Activity	Date Participated

**INCOME STATEMENT: (Gross income for last six months-include both parents)**  Yes  No

Wages of Father for last 6 months: \$ \_\_\_\_\_ Wages of Mother for last 6 months: \$ \_\_\_\_\_

**SELECTIVE SERVICES:** Males 18-25, Are you registered?  Yes  No (Please attach registration information copy)

To register online go to: [selectiveservicesystem.com](http://selectiveservicesystem.com) or call 1-888-655-1825

Are you serving a jail term, on probation or parole for a criminal offense?  Yes  No Have you been convicted of a felony within the last seven years?  Yes  No If yes, please explain:

**EDUCATION STATUS:** Please check the correct answer

In School  Name of High School \_\_\_\_\_ Grade: \_\_\_\_\_  
 Enrolled College/Higher Education, If so, where? \_\_\_\_\_

Out of School  High School Graduate:  Diploma  GED  HSED  Dropped Out  
 Some College:  Associates Degree  Bachelor's Degree

Will you be attending Summer School, College classes, Camp, or any other summer programs?  Yes  No

If yes, where will you attend? \_\_\_\_\_

What dates, days, times will you attend? \_\_\_\_\_

## APPLICANT INTEREST PROFILE

Are you working now?  Yes  No. If yes, list current employer, and hours per week: \_\_\_\_\_

Have you worked for the Youth Program before?  Yes  No If yes, when and where? \_\_\_\_\_

Describe your work experience, your job duties and special skills needed or machines, tools, equipment that you operated; You may also include any odd jobs/volunteer work: \_\_\_\_\_

Describe some of your interests: \_\_\_\_\_

The following is a list of CAREER CLUSTERS. Rank the following career area in order of your preference. Choose three and rank them in order of your preference, rank your first choice (1), your second choice (2) and your third choice (3).

_____ Archeology & Research	_____ Information Technology
_____ Architecture & Construction	_____ Maintenance/Clean Up/Outdoor Work
_____ Business, Management & Administration	_____ Manufacturing
_____ Child Care Services	_____ Natural Resources/Conservation Fish & Wildlife
_____ Education & Training	_____ Office/Secretarial
_____ Health Sciences	_____ Public Safety/Security/Criminal Justice
_____ Hospitality & Tourism	_____ Recreation/Park Management
_____ Human Services	_____ Transportation, Distribution and Logistics

Please describe the skills you have that would make you a good candidate for your first and second choice listed above:

*Every attempt is made to place you in your area of interest but keep in mind you may be assigned to the actual number of openings we have available. Do not be afraid to try something new!*

Are any of your immediate relatives employed in an administrative capacity?  Yes  No

### Disclaimer and Signature

I certify that all information on this application is true to the best of my knowledge. I understand I must furnish the Lac Courte Oreilles Tribe of Wisconsin's Youth Work Experience Program a copy of my grades and/or certificates as requested. All information obtained may be shared with the BIA, Tribe, State, educational institutes or any other funding agencies when requested. In the event of employment, I understand that false or misleading information given on my application or failure to abide by the rules and regulations set by my assigned supervisor may result in termination from the Youth Program at any time. I understand, also, that if I am hired, I may be subject to drug testing procedures and any other rules and requirements enforced by the LAC COURTE OREILLES TRIBAL GOVERNMENT WORKFORCE INNOVATION OPPORTUNITY ACT WIOA/TANF Department.

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

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

Signature of Parent/Guardian (if applicant is under 18 years of age) \_\_\_\_\_

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

### ELIGIBILITY AND RECERTIFICATION

OFFICE USE ONLY – ELIGIBILITY CRITERIA	Eligible: <input type="checkbox"/>	Not Eligible: <input type="checkbox"/>
<b>Check the boxes which are applicable:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	American Indian, Native Alaskan or Native Hawaiian
<input type="checkbox"/> Yes	<input type="checkbox"/> No	U.S. Citizen or Legal Resident Alien
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registered with Selective Services
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Underemployed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Economically Disadvantaged
Eligibility Determination for this applicant are made on: _____		
And will be valid for 45 days until: _____		
Signature of Intake Officer	Location	Date

<b>RECERTIFICATION</b>		
I / We certify that since the date of the initial application, the applicant has not obtained full-time permanent employment, and none of the information provided has changed.		
*If information has changed, the Applicant must fill out a new application*		
_____ Applicant Signature	_____	Date
_____ Parent / Guardian (if applicant is a minor)	_____	Date
_____ Signature of Intake Officer	Location	Date



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**CONFIDENTIAL RELEASE of INFORMATION AUTHORIZATION**

I, \_\_\_\_\_ **DOB:** \_\_\_\_\_

authorize LCO TRIBAL WIOA Program to have reciprocal communication about the information listed:

**Type of Disclosure includes:**

- |                            |                              |                   |
|----------------------------|------------------------------|-------------------|
| Earned Income              | Residency/Housing Authority  | Courts            |
| Unearned Income            | Child Support Agencies       | ICW/Child Welfare |
| School Records             | Child Care Provider Payments | Other: _____      |
| Tribal Per Capita Payments | Family/Friends               | _____             |

**The purpose of this Disclosure is to determine eligibility and compliance for the LCO Tribal WIOA Program.**

**Specific information to be disclosed include:**

- |                             |  |
|-----------------------------|--|
| Child Support Verifications | ICW-Parent/Child verification            |
| Wages                       | Court-Orders-paternity/custody/placement |
| School Attendance           | Criminal Report Referrals                |
| Employer Verification       | Driving Records Child Care Payments      |
| Residency Verification      | Other: _____                             |

This information is required for eligibility determination/continuation of benefits and support services to above named client. This information could also include the progress summaries, attendance verification, and/or establishment of good cause for non-cooperation with Child Support requirements.

I understand that I may revoke this authorization in writing at any time except where information has already been received as a result of this authorization. This authorization will automatically expire one (1) year from the date of signature unless indicated and initialed below.

As evidenced by my signature below, I hereby authorize the disclosure of records to Lac Courte Oreilles Tribal WIOA Program as specified.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LCO WIOA PROGRAM States that information obtained is held in confidence and that it is utilized for client benefits and support services only.**

LCO WIOA Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**YOUTH WORK EXPERIENCE PROGRAM  
 Waiver / Release**

**ACTIVITY / EVENT:** Participation in the \_\_\_\_\_(year) Youth Work Experience Program

Effective Dates: **JUNE 1, 2026 THROUGH AUGUST 31, 2026.**

I, \_\_\_\_\_ hereby waive the Lac Courte Oreilles Tribal Government-Workforce Innovation Opportunity Act-WIOA/TANF Department, its employees, and designated site supervisors from any liability of injury, loss or damage to personal property with activities associated with the 2016 LCO WIOA Youth Work Experience Program. I acknowledge that I have read and understand the waiver, that it is a legally binding document and that I sign it under my own free will.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature (participant Signs if Age 18 & Over, Otherwise Parent / Guardian Signs if Child is under 18 of age.)

\_\_\_\_\_  
Date of Signature



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Date Stamp Rec'd	This form must be completed by all participants. Parent or Guardian signature is required for any youth under the age of 18.
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## YOUTH WORK EXPERIENCE PROGRAM Medical & Permission Form

Effective Dates: **JUNE 1 THROUGH AUGUST 31, 2026**

<b>PARTICIPANT:</b>		Date of Birth	Home Telephone	
Participant's Parent or Guardian:		Relationship	Work or Cell Telephone	
Address	City	State	Zip Code	
<b>EMERGENCY CONTACT PERSON IN THE EVENT THAT A PARENT OR GUARDIAN CANNOT BE REACHED:</b>				
Name		Relationship	Telephone / Cell Number	
1.				
2.				
<b>MEDICAL INFORMATION</b>				
Does the participant have any of the following:				
<input type="checkbox"/> Drug Allergies				
<input type="checkbox"/> Environmental Allergies (Bee Stings, fish, certain plants, etc.)				
<input type="checkbox"/> Medical Conditions (Diabetes, Asthma, Seizures, etc.)				
<input type="checkbox"/> Any physical condition, serious illnesses or a disability that may limit activities				
If yes, explain below. Use back of this page if more space is needed.				

**Permission for Participant Under the Age of 18** (Parent/Guardian please read and Initial)

I give permission for my child/youth to participate in the WIOA Youth Work Experience Program and authorize the adult leaders supervising the youth program participants to render emergency treatment for my child for any accident or illness and to approve the necessary emergency medical care should a parent/guardian not be reach.

\_\_\_\_\_

I give permission for the assigned supervisor to administer over-the-counter medication such as Tylenol for minor aches, pain or headache or to apply calamine/caladryl lotion for itching and rashes.

\_\_\_\_\_

Signature: Participant (18 yrs or older) or Parent/Guardian

\_\_\_\_\_ Date of Signature



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**GRIEVANCE PROCEDURE**

Any applicant has the right to a grievance procedure if it is believed that there was not proper assistance, treatment, service or consideration given by the Director.

A more detailed explanation of the grievance procedure is available from the Director upon request.

Bring or Mail written and signed grievance to: Sandra Carley, WIOA Director  
 13394W Trepania Road  
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Applicants also may pursue alternative remedies under federal, state, or local laws if there is non-action by the WIOA Grantee within sixty days of the filed complaint, or if the applicant has exhausted the grievance procedure at grantee level.

Applicant may also appeal to: Department of Labor  
 Division of Indian & Native American Programs  
 2100 Constitution Avenue, N.W.  
 Washington D.C. 20210

Any participant has the right to a grievance procedure, questions or complaints alleging a violation of the nondiscrimination provisions of INA Section 188 may be directed or mailed to:

Director, Civil Rights Center  
 U.S. Department of Labor, Room N4123  
 200 Constitution Avenue, N.W.  
 Washington D.C. 20210

I have read and received this WIOA Grievance Procedure.

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

\_\_\_\_\_  
 Signature Date