WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM
REQUIRED OFFICIAL DOCUMENTS

Federal regulations require that information on the Intake application be verified through the review official supporting documents. The following list of official documents must be submitted. Eligibility services **WILL NOT** be determined until the application is complete.

1. **Official Birth Certificate** *(applicant and **all** family members)*

2. **Social Security Card(s)** *(applicant and **all** family members)*

3. **Tribal Enrollment Card** *(applicant)*

4. **Selective Service Registrant/Acknowledgement Letter** *(males, 18 to 26 years of age, born on or after January 01, 1960)* or Military DD214

5. **Photo ID**

6. **Official Transcripts**: *High School or GED Certificate/Post Secondary or Vocational Training*

7. **Individuals with Disabilities**: *Confirmation letter from physician. School, or other Agency*

8. **Offender**: *Confirmation letter from your Parole Officer*

9. **Substance Abuse**: *Confirmation letter from Substance Abuse Counselor*

10. **Foster Child**: *Confirmation letter from Foster Care Agency*

11. **Annualized Family Income** – *Income reported for the past **6 months** immediately prior to application*

For Example: (Pay stubs, self –Employment Statement, regular payments from Social Security, regular disability insurance or annuity payments). Cash Welfare Payments: Temporary Aid to Needy Family (Cash Assistance), Social Security Insurance, Refugee Cash Assistance, General Assistance, Food Stamps, Child Support Payment (paid or received), and Unemployment Compensation.

For more information call: 928-734-3543 or 928-734-3542

WORKFORCE INNOVATION AND OPPORTUNITY ACT
Application

PART 1 –PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____ MI: _____

OTHER NAMES USED: _____

ADDRESS: _____
        P.O. Box/Street Address   City   State   Zip Code   County

SOCIAL SECURITY #: _____ BIRTHDATE: _____ AGE: _____

RACE: ☐ WHITE ☐ HISPANIC ☐ BLACK ☐ NATIVE AMERICAN ☐ ASIAN ☐ PACIFIC ISLANDER

TRIBE: _____ ENROLLMENT #: _____ GENDER: ☐ MALE ☐ FEMALE

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORSED/SEPERATED ☐ WIDOWED

SELECTIVE SERVICE REGISTRATION #: *(For males 18 – 26 born on or after January 01, 1960)*_____

VETERAN STATUS: ☐ YES, More than 180 days ☐ YES, Less than 180 days ☐ NO

DO YOU ACKNOWLEDGE A DISABILITY? ☐ YES ☐ NO

PHONE NUMBER: (___)_____MESSAGE PHONE CONTACT (___)_____

E-MAIL ADDRESS: _____MESSAGE PHONE CONTACT (___)_____

PART II – EDUCATIONAL DATA

HIGH SCHOOL ATTENDED: _____

Month/Year Graduated: _____ If not a graduate, highest grade completed: _____

GED: Month/Year Obtained: _____ Testing Site: _____

NAME OF COLLEGE/UNIVERSITY ATTENDED (Most Recent): _____

Year Graduated: _____ Type of Degree Earned: _____ Major: _____

NAM E OF VOCATIONAL TRAINING ATTENDED (Most Recent): _____

Date Completed: _____ ☐ Certificate ☐ Diploma

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL/TRAINING INSTITUTION? ☐ Yes ☐ No

If yes, name & address of school attending: _____

_____

_____

PREVIOUSLY FUNDED? (If yes, please check which program and year) _____ Yes _____ No

    ☐ Adult Vocational Training Program (AVTP)(Year) _____ ☐ Grants & Scholarship Program (Year)_____

    ☐ WIA Program (formerly JTPA) (Year) _____

PART III – EMPLOYMENT DATA

LABOR FORCE STATUS: ☐ Employed ☐ Unemployed ☐ Underemployed

UNEMPLOYMENT STATUS: ☐ Claimant ☐ Exhaustee ☐ Neither

SEEKING WORK? ☐ Yes ☐ No

WORK HISTORY – LIST MOST RECENT JOB (Attach additional work history):

EMPLOYER: _____ **JOB TITLE:** _____

ADDRESS: _____ **EMPLOYED:** From: _____ To: _____

JOB DUTIES: _____

_____

HOURLY WAGE: _____ **REASON FOR LEAVING:** _____

PART IV – INCOME DATA

Does your family receive any of the following? (If yes, please check what type)

TANF (Cash Assistance)	☐ No ☐ Yes	**Social Security**	☐ No ☐ Yes
Food Stamps (FS)	☐ No ☐ Yes	**Child Support**	☐ No ☐ Yes
General Assistance (GA)	☐ No ☐ Yes	**Alimony**	☐ No ☐ Yes
Jobs Program Participant (JOBS)	☐ No ☐ Yes	**Employment (Wages or Self Employment)**	☐ No ☐ Yes

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME: _____ **RELATIONSHIP TO APPLICANT:** _____

ADDRESS: _____ **HOME PH:** _____ **MESG. PH.:** _____

_____

I CERTIFY THAT THIS INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL PROGRAMS UNDER THE DEPARTMENT OF EDUCATION SHALL HAVE ACCESS TO THIS INFORMATION FOR BUSINESS PURPOSE:

APPLICANT SIGNATURE: _____ **DATE:** _____

*** OFFICE USE ONLY ***

REFERRAL TYPE: _____

REFERRAL TO: _____ **REFERRAL FROM:** _____

STATUS: _____ **STAFF:** _____

The Hopi Tribe WIOA is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
TTY/TTD: 711

Revised 7/15