



WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM REQUIRED DOCUMENTS

The following documents must be submitted to determine eligibility of services.

1. Birth Certificate(s) (*applicant and dependents*)
2. Social Security Card (*applicant*)
3. Tribal Enrollment Card (*applicant*)
4. Selective Service Registrant/Acknowledgement Letter (*males 18 to 26 years of age*) 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, Supplemental Nutrition Assistance Program, Child Support Payment (paid or received), and Unemployment Compensation.

For more information call: (928) 734-3542
The Hopi Tribe Workforce Innovation & Opportunity Act
P.O. Box 123 Kykotsmovi, Arizona 86039



**WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM
Application**

Last Name: _____ First Name: _____ MI: _____

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

Social Security #: _____ Age: _____ Birthdate: _____

Phone #: _____ Message #: _____ Email: _____

Hopi Tribal Enrollment #: _____ Gender: Male Female

Marital Status: Single: Married: Divorced: Separated: Widowed:

Selective Service Registration #: *(For males 18-26 years of age.)* _____

Veteran Status: More than 180 days Less than 180 days No

Do you acknowledge Disability? Yes No

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: _____

Name of Vocational Training attended *(most recent)*: _____

Date Attained: _____ Certificate: _____ Program: _____

Are you currently enrolled in any school/training institution? Yes No

If yes, Name and address of school attending: _____

Have you previously applied to any of our programs? *(If yes, which programs and year?)* Yes No

Adult Vocational training Program (AVTP) _____ Grants & Scholarship Program (HTGSP) _____

Workforce Innovation Opportunity Act Program (WIOA) _____

Hopi Vocational Rehabilitation Program _____

Employment Data

Employment Status: Employed Unemployed Underemployed Self-Employed

Unemployment Status: Claimant Exhausted Neither

Seeking Employment: Yes No

Work History: List most recent employment (*Attach additional work history*)

Employer: _____ Job Title: _____

Address: _____ Employed From: _____ To: _____

Job Duties: _____

Hourly Wage: _____ Reason for leaving: _____

INCOME DATA

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

TANF (Cash Assistance) Social Security

SNAP (Supplemental Nutrition Assistant Program) Child Support

General Assistance (GA) Alimony

IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name: _____ Relationship to applicant: _____

Address: _____ Phone #: _____

By my signature, I certify the information provided is true and best of my knowledge and that all programs under The Hopi Tribe Higher Education & Workforce Developmental Programs shall have access to this information for program related purposes.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Applicant is under the age of 18)