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

Revised 6/2021
WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAM
Application

Last Name: _____________________________ First Name: ______________________________ MI:___________
Address: ____________________________ City _______________________ State _________
P.O. Box/Street Address        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 ☐

INCASE 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)

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

Revised 6/2021