



NAIA of TN WIOA Employment and Training Program Intake Form

Full Name: _____ Date: _____

Email: _____ Phone: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

(If different from Home Address)

Social Security #: _____ Driver's License #: _____ Date of Birth: _____

Tribal Affiliation and Type of Proof: _____

Tribal Enrollment Number: _____

Gender: Male Female

Marital Status: Single Married Divorced Widowed Separated
 Common Law

U.S. Citizenship: Citizen Eligible Non-Citizen Non-Eligible, Non-Citizen

If you are a MALE, are you registered with Selective Service? Yes No

Are you a Veteran or the Spouse of a Veteran? Yes No

How many members are in your household? _____

What is the total income for the last year? _____

Do you currently receive public assistance? (Please check all that apply)

TANF

Food Assistance

Other (please list) _____

Are you receiving assistance from your Tribe or any Federal Funding? No Yes

If yes, please list whom you are receiving funding from: _____

Neptotism: Is a member of your family on the Board of NAIA or employed in any capacity with NAIA?

No Yes (Please list names): _____

NAIA of TN WIOA Employment and Training Program
Intake Form (page 2)

WIOA Program Participation

Are you currently receiving assistance from an American Job Center? No Yes

If yes, in what city? _____

What type of assistance? _____

Have you ever been, or are you currently participating in another WIOA Program?

No Yes If yes, where and add dates of participation: _____

Employment Status

Never been in the workforce Unemployed Employed part-time Employed full-time

Received a lay-off notice

Recent Employment History

Employer Name & Address: _____

Employment Dates (From, To): _____ Job Title: _____

Hourly Wage: _____ Hours worked per week: _____

Reason for leaving: _____

Employer Name & Address: _____

Employment Dates (From, To): _____ Job Title: _____

Hourly Wage: _____ Hours worked per week: _____

Reason for leaving: _____

Request for Emergency Assistance

Amount \$ _____ Reason: _____

Please list additional family members:

Name: _____ Relationship: _____ Date of Birth: _____ SS #: _____

Name: _____ Relationship: _____ Date of Birth: _____ SS #: _____

Name: _____ Relationship: _____ Date of Birth: _____ SS #: _____

Name: _____ Relationship: _____ Date of Birth: _____ SS #: _____

For Emergency Assistance, you may be referred to other Agencies, including the NAIA of TN if you do not qualify for WIOA funds.

Request for WIOA Services by Out-of-State Resident: WIOA Services are only available for residents of that particular state. If you are not a resident of Tennessee, we will help get you in contact with the WIOA program in the state of your residency.

NAIA of TN WIOA Employment and Training Program
Intake Form (page 3)

Certification

I certify that the information provided is true to the best of my knowledge. I understand that all information provided is subject to review and verification. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I also understand that if more than 45 days elapses from the date of application, a new application will be needed.

Signature of Applicant: _____ **Date:** _____

Signature of Case Manager: _____ **Date:** _____

Signature of Director: _____ **Date:** _____

Office Use Only:

Eligibility Determination:

- Proof of Native American Heritage**
- Proof of Residency**
- Unemployed, underemployed, or low income**
- Registered with Selective Service or N/A**