



Workforce Innovation and Opportunity Act
 PUEBLO OF ISLETA
 P.O. BOX 1270 | ISLETA, NEW MEXICO 87022
 Phone: (505) 869-9792 Fax: (505) 869-7579

WIOA INTAKE APPLICATION

Date		Name		SSN	
Mailing Address (City, State, and Zip Code)				County you reside in:	
Physical Address (City, State, and Zip Code)				Date of Birth:	
Phone Number	Cell/Message Phone	Age	Gender	Marital Status	

U.S. Citizenship Status: Citizen Eligible Non-Citizen Non-eligible Non-Citizen

Cultural ID/Ethnicity: American Indian Alaska Native Native Hawaiian Non-Native

Are you an enrolled member of a Native American Tribe? Yes No

If yes, which Tribe? _____ Native American Tribe ID # _____

Highest Level of Education Completed: MA/BA/AA Degree Vocational Training Certificate

High School Diploma GED Other: _____

Current School Attendance: Full Time Part Time On Summer Break Not Attending School

If you are a male 18 years and older and was born after the year 1960, are you enrolled with the Selective Services?

Yes No N/A

If applicable to the question above and answered no, do you have a Status Information letter? Yes No N/A

Veteran Status: Eligible Veteran Not a Veteran Other Eligible Person

Are you currently with another WIOA agency or have you previously participated in a WIOA Program? Yes No

If yes, where have you previously participated? _____ When did you last participate? _____

Have you been convicted of a crime, regardless of whether the conviction was later set aside or expunged? Yes No

If yes, list circumstances and dates: _____

Are any charges currently pending against you for any crime? Yes No

If yes, please explain: _____

Have you worked during the seven consecutive days prior to application for this program? Yes No

Have you made specific efforts to find a job within the past four weeks, twenty eight days prior to application (except for temporary illness)?

Yes No

Have you been laid off from a job but are expecting recall? Yes No

If considered unemployed by the WIOA guidelines, sign a Self-Attestation Form and skip the income eligibility section.

Do you receive UI (Unemployment Benefits)? ***If yes, skip the income eligibility section.*** Yes No

Are you an individual who is working part-time but desires full-time employment, or who is working in employment not commensurate with your demonstrated level of education and/or skill achievement? ***If yes, skip the income eligibility section below.*** Yes No

WIOA Intake Application

Name	SSN	DOB	Date
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Are you a recipient of a bona fide layoff notice which has taken effect in the last six months or will take effect in the following six month period, who is unlikely to return to a previous industry or occupation, and who is in need of retraining for either employment with another employer or for job retention with the current employer? **If yes, skip the income eligibility section below.** Yes No

Are you employed but in need of employment and training services to obtain or retain employment that allows for self-sufficiency? **If yes, skip the income eligibility section below.** Yes No

Do you receive any of the following public assistance benefits? **If yes, skip the income eligibility section below.** Yes No

- | | |
|--|--|
| <input type="checkbox"/> SSI- Supplemental Security Income | <input type="checkbox"/> Foster Child Payments |
| <input type="checkbox"/> TANF- Temporary Assistance for Needy Families | <input type="checkbox"/> SSDI - Social Security Disability Insurance |
| <input type="checkbox"/> GA - General Assistance | <input type="checkbox"/> TWEPE- Tribal Work Experience Program |
| <input type="checkbox"/> SNAP- Supplemental Nutritional Assistance Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> USDA Commodity Program | _____ |

INCOME ELIGIBILITY SECTION

Family Members (List Immediate Family):

	Name	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Family Income (List Household Members):

	Name	Relationship	Income Source	Income Last 6 Months
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
Total income for the last 6 months				\$
(6 months income x 2) Total Annual Income				\$

Persons in Family/Household	2021 HHS Poverty Guideline	2021 USDOL-ETA (LLSIL) Family Size at the 70% Level
1	\$12,880	\$11,616
2	\$ 17,420	\$19,038
3	\$ 21,960	\$26,139
4	\$ 26,500	\$32,263
5	\$ 31,040	\$38,077
6	\$ 35,580	\$44,533

WIOA Intake Application

Name	SSN	DOB	Date
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Barriers to Employment: (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Single Head of Household with dependents under age 18 | <input type="checkbox"/> Youth/Needs Additional Assistance | <input type="checkbox"/> Runaway Youth |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Pregnant/Parenting Teen | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Lacks Work History |
| <input type="checkbox"/> Long Term Unemployed | <input type="checkbox"/> Limited English | <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Offender | <input type="checkbox"/> Homeless | <input type="checkbox"/> School Dropout | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disability | | | _____ |
| | | | _____ |

EMPLOYMENT

Employer	Address	City / State / Zip
Title	Salary	From Month/Year to Month/Year

Job Duties

Reason you left

Employer	Address	City / State / Zip
Title	Salary	From Month/Year to Month/Year

Job Duties

Reason you left

Employer	Address	City / State / Zip
Title	Salary	From Month/Year to Month/Year

Job Duties

Reason you left

Are any members of your immediate family a signatory/alternate or employed in an administrative capacity with the POI-WIOA?

Yes No If yes, please list name and relationship: _____

Eligibility: The applicant is CSP Eligible SYS Eligible Ineligible

Your signature acknowledges your acceptance of the following: I attest that all information represented on this application is true and correct, to the best of my knowledge. I understand that any falsification, omission or misrepresentation of information whether in writing or during the interview process is grounds for withdrawal of the offer of services with the Pueblo of Isleta WIOA Program and/or disciplinary action up to and including termination. I allow the release of this information for verification purposes. I further allow the use of the listed social security number in pursuant of the IRS Code.

Applicant Signature

Date

Parent/Guardian Signature if applicable

Date

WIOA Staff Signature

Date