

NC COMMISSION OF INDIAN AFFAIRS
WORKFORCE INNOVATION AND OPPORTUNITY ACT
 (U.S. Department of Labor - Employment and Training Administration)



APPLICATION FOR ENROLLMENT AND INTAKE

Last _____ *First* _____ *M.I.* _____ *Date* _____

Street Address _____ *Apartment/Unit#* _____

County _____ *City* _____ *State* _____ *ZIP Code* _____ *Phone* _____ *SS#* _____

Gender	Email Address	Birthdate	Age	American Indian	Tribe/Enrollment#
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Marital Status Single Widowed Married Separated Divorced Common Law

Number in Family	Dependent <18	Education at Enrollment	Last Grade Completed at Enrollment
		<input type="checkbox"/> In School; Alternative School <input type="checkbox"/> In School; Post H.S. <input type="checkbox"/> Not In H.S. - Graduate <input type="checkbox"/> Not H.S. - Dropout	<input type="checkbox"/> High School / Grade: <input type="checkbox"/> GED <input type="checkbox"/> College 1 2 3 4 Grad. School 1 2 3 4 <input type="checkbox"/> Trade School 1 2 3 4

Employment at Enrollment Employed Not Employed/Military/Military Separation Employed but received termination notice

VETERANS STATUS	PUBLIC ASSISTANCE RECIPIENT INFORMATION	BARRIERS
<input type="checkbox"/> Transitioning Service Member <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Not A Veteran SELECTIVE SERVICE (Required for Males Between 18-25) <input type="checkbox"/> Registration Card <input type="checkbox"/> Letter from Selective Service <input type="checkbox"/> Phone Confirmation <input type="checkbox"/> Not Registered <input type="checkbox"/> Other Proof <input type="checkbox"/> On-line Registration	<input type="checkbox"/> General Assistance - State/Local Government <input type="checkbox"/> (SSI-SSA Title XVI) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Food Share/Food Stamps <input type="checkbox"/> Foster Child Payments <input type="checkbox"/> Tribal Work Experience Program (TWEP) <input type="checkbox"/> Other Public Assistance Recipient	<input type="checkbox"/> Basic Skills Deficiency <input type="checkbox"/> Low Income <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Offender <input type="checkbox"/> Single Head of Household w/Dependents <18 <input type="checkbox"/> Pregnant/Parenting Teen <input type="checkbox"/> Limited English <input type="checkbox"/> Disability <input type="checkbox"/> Lacks Work History <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Homeless <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Other

LOW INCOME	UNEMPLOYED	UNDEREMPLOYED
<input type="checkbox"/> Pay Stubs <input type="checkbox"/> Public Assistance document <input type="checkbox"/> Other Documentation <input type="checkbox"/> Social Services Emergency Disaster <input type="checkbox"/> Homeless <input type="checkbox"/> Individual with Disability <input type="checkbox"/> 70% LLSIL	<input type="checkbox"/> Unemployed - Self Attestation <input type="checkbox"/> Letter from State Unemployment Office <input type="checkbox"/> Received Layoff/Notice/Dislocated	<input type="checkbox"/> Underemployed <input type="checkbox"/> Working Less Than Full Time <input type="checkbox"/> No Advancement Potential w/Current Employer w/o Training

Yes No Are you related by blood or marriage to anyone now employed by the Prime Sponsor Grantee/Contractor? If yes, explain.

Yes No Are you related by blood or marriage to anyone now serving on the Commission? If yes, explain.

Yes No Have you ever received WIA services? If yes, explain.

Client Work History (begin with present or last job)

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____
 Reason for Leaving: _____

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 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____
 Reason for Leaving: _____

Income sources (Inclusions)	Amount	Period	X		=	Annual	Comments & list family household/ages/status
Family Member/Relationship							
Wages							
Pensions							
Alimony							
Social Security							
Other:							
				Total			
Income Sources (Exclusions)	Amount	Period	X		=	Annual	
TANF							
Social Security Disability							
Unemployment Insurance							
Veterans Benefits							
WIOA (Not CSE & OJT Wages)							
Child Support							
Food Stamps							
				Total			

CLIENT INFORMATION: I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand the falsification of any item is grounds for termination for the NC Commission of Indian Affairs' Workforce Investment Act Section 166 Program and may result in legal or criminal action to recover any monies paid to me while participating in the program.

Client Signature	Parent Signature If Under 18 Years of Age	Date
Program Coordinator Signature	Enrollment Site	Date
Program Director Signature		Date