



**Native American Employment and Training (WIOA) Program at the Council of Three Rivers American Indian Center
Intake Application (please print)**

Name: _____
Last First Middle

Gender (check one): **Male** **Female** **I prefer not to answer**

Social Security Number: XXX-XX-XXXX **Counselor Verification** _____
To Be Confirmed at Intake

Birth Date: _____ **Marital Status:** _____

Address: _____
Street City State Zip

County: _____

Home Phone: _____ **Mobile Phone:** _____

Email(s): _____

Facebook Account: _____ **Twitter Account:** _____

Education at enrollment (check one): **In School/High School or Less**
 In School/Post High School
 GED
 Not attending school/High School Graduate
 Not attending school/Last Grade Completed _____

Race (check one): **Native American** **Alaskan Native** **Native Hawaiian**

Tribal Affiliation _____ **Tribal Documentation**
 Non Tribal Legal Documents
 Self Identification

If Veteran: **Branch of Service** _____ **Discharge Date** _____
 Transitioning Service Member **Campaign Veteran** **Disabled Veteran**

If Male and Born After 1/1/1960, Registered with Selective Service **Yes** **No**

Public Assistance (check all that apply): **General Assistance (GA) (State/local government)**
 Temporary Assistance to Needy Families (TANF) **Foster Child Payments**
 Supplemental Security Income (SSI-SSA Title XVI) **Tribal Work Experience**
 Social Security Disability Insurance (SSDI) **USDA Commodity Program**
 Food Stamps (Food Stamp Act of 1977) **Other Public Assistance (list):** _____

Other Factors (check all that apply): **Basic Skills Deficiency** **Low Income**
 Long Term Unemployment **Criminal Record** **Limited English**
 Single Head of Household with Dependents under age 18 **Disability** **Substance Abuse**
 Pregnant/Parenting Teen **Lacks Work History** **Homeless**
 Displaced Homemaker **Other Barrier to Work**

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Intake Application--Continued (please print)



Name: _____
Last First Middle

Employment:

Unemployed _____ Date Last Employed \$ _____/Hr Last Wage

Working Part-time (less than 40 hours/week) \$ _____/Hr Current Wage

Never Employed

Registered with local One-stop (PA Career Link, Workforce WV, American Job Center, etc.)

Miscellaneous: How did you find out about the program? _____

Client Certification:

I certify, under penalty of perjury, that all the information provided is true and complete. I agree that all information supplied is subject to verification. I understand that the falsification of any information is grounds for termination from the Council of Three Rivers American Indian Center's Native American Employment and Training (WIOA) Program and may result in legal action against me.

Signature: _____ **Date:** _____

Feel free to leave blank until intake meeting

For Employment and Training Counselor:

Prior Participant in Native American Employment and Training (WIOA) Program (Manpower/CETA/JTPA/WIA) Yes No

If yes, approximate participation dates from _____ to _____

Documents Provided for Verification: _____

Eligibility Determination: Eligible Ineligible

Employment and Training Counselor: _____

Date: _____

WIOA Program Director: _____

Date: _____

Instructions: Either save as a pdf file and email to the Employment and Training Counselor in your area (refer to contact information at www.cotraic.org) OR mail to: Attn: WIOA Program
COTRAIC
120 Charles Street
Pittsburgh, PA 15238-1027