



W.I.O.A Client Information

Your application for W.I.O.A. participation **will not** be processed if you fail to **BRING VERIFICATION** of the following documents:

- Tribal Enrollment Verification
- Income Verification (Any Income earned within the last 6 months, SNAP, TANF, GA, SSI, SALARY, etc.)
- Social Security Card
- Photo ID (Driver's License, Tribal ID, State ID, Prison ID, etc.)
- Proof of Residence (Piece of Mail, Utility bill/receipt, etc.)
- Selective Service Verification (All males born after December 31, 1959 **must be** registered to participate in W.I.O.A.)
- Prefer Clients to be registered with Career One Stop/Job Service

Other required documents:

- W.I.O.A Agreement
- Consent to Exchange Participant Information

UNITED SIOUX TRIBES Of SOUTH DAKOTA

Workforce Innovation and Opportunity Act (W.I.O.A.) Application

SECTION 1. PERSONAL INFORMATION

1. Name (Last, First, Middle)		2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Date of Birth		4. Social Security Number	
5. Current Address (a) Number & Address		(b) City		(c) State		(d) Zip Code	
						(e) County	
						(f) Telephone Number	
6. Citizenship Status (1-9 must be completed) (a) <input type="checkbox"/> U.S. Citizen (b) <input type="checkbox"/> Other (specify) _____				7. Ethnic Status <input type="checkbox"/> American Indian, Alaskan/Hawaiian Native <input type="checkbox"/> Enrolled (List Tribe) _____ <input type="checkbox"/> Nonenrolled			
8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed							

SECTION 2. PRIOR WIOA PARTICIPATION

9. Have you ever participated in WIOA (JTPA) before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete columns (a) through (e)					
(a) Sponsoring Organization		(b) City	(c) State	(d) Program Activity	(e) Dates (from-to)
10. Is any member of your immediate family employed in a UST/WIOA (JTPA) program in an administrative capacity or presently a WIOA (JTPA) trainee? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION 3. TRAINING OBJECTIVES

11. Are you currently on a Civil Service roster? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give rating: _____	
12. Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	
13. Type of training desired: _____ Second Choice: _____	
14. Describe any skills or certification you possess which apply to training desired: Office machines: _____ Typing _____ nwpm Shorthand _____ nwpm	

SECTION 4. EDUCATION

15. School attended. Complete columns (b) through (e) for schools attended.				
(a) Type of School	(b) Name of School	(c) Address	(d) Dates Attended (from-to)	(e) Degree, Diploma, License or Certification
General High School				
Technical or Vocational School				
College				
16. Are you currently enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Highest Grade Completed	18. If you dropped out of school and are 21 or under, state reason.
19. Are you scheduled to return the next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 5. FAMILY DATA

20. Are you or a member of your family receiving public assistance? Yes No SSI Yes No

If yes, types of assistance: _____

21. Number in Family (Include Self): _____ 22. Number of dependants (Other than self): _____

23. FAMILY INCOME List self and all family members living in applicant's household.

(a) Family Member	(b) Age	(c) Relationship	(d) Source of Income	(e) Income in past six (6) months
24. If family income totals 0, explain			FOR OFFICE USE ONLY	TOTAL TOTAL ANNUALIZED

SECTION 6. OTHER CHARACTERISTICS

25. Is your native language other than English? Yes No

If yes, do you have limited ability to speak English? Yes No

26. Are you a migrant or seasonal farm family member? Yes No

27. Do you live on a farm? Yes No (A farm is defined as any place which has annual sales of agricultural products of \$1,000.00 or more.)

28. Transportation? Yes No

29. VETERAN STATUS

(a) Veteran? Yes No If yes, list what branch: _____

Dates of active service: _____

(b) Type of discharge: _____

30. Do you have a handicap constituting a significant barrier to employment? Yes No

31. Were you ever arrested for other than minor traffic citations? Yes No

Specify: _____

32. Are you residing in a prison, hospital, or other institution or facility providing 24-hour support?

Yes No If yes, specify: _____