

REQUIRED PRE-QUALIFICATION DOCUMENTS FOR WIA PROGRAMS

WIA PROGRAM HOURS:
MONDAY—FRIDAY 8:00 AM TO 5:00 PM
LOCATION: 1401 NORTH MAIN
TELEPHONE: 763-3155

PROOF OF CITIZENSHIP OR ELIGIBLE NON-CITIZENSHIP STATUS

One of the following items will be acceptable:

- Birth Certificate
- Passport
- Baptismal Record
- Immigration and Naturalization Visa

Both of the following documents are required:

- Drivers License *and* Social Security Card

PROOF OF TOTAL FAMILY GROSS INCOME FOR THE PAST SIX MONTHS

One of the following items will be acceptable:

- Paycheck Stubs
- Deposit Slips
- Employer Statements (If dislocated must have layoff letter)

If you receive welfare, food stamps, social security, SSI, unemployment benefits, or workmen's compensation, **YOU MUST** provide information to verify the amount you are receiving.

PROOF OF RESIDENCY

One of the following items will be acceptable:

- Rent Receipt
- Utility Bill
- Applicant Statement

THE FOLLOWING IS NECESSARY IF APPLICABLE TO YOUR SITUATION

- Divorce or Legal Separation Papers
- Letter from Probation/Parole Officer
- Parental Non-support Form if Age is 18 to 21, Living at Home without Parental Financial support
- Military Veteran, DD-214
- Selective Service Registration (Males born on or after January 1, 1960 and between the ages of 18 to 26)

THE FOLLOWING DOCUMENTS ARE REQUIRED PRIOR TO ACCEPTANCE IN WIA CLASSROOM TRAINING (CRT)

- Accuplacer or TABE Results
- Letter of Pell Grant (Acceptance or Denial)
- Degree Plan
- Transcripts if Already Attending College
- Letter from College Stating Degree or Certificate can be Completed within 104 weeks if attending full time.

EA WDB WIA INTAKE FORM

Application Date: _____ Name (First, MI, Last): _____
 SSN: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Alternate Contact: _____ Relationship _____
 Address: _____ Phone: _____

Personal Information

Birth Date _____ Have you registered for selective service (Yes/No)? _____
 Citizenship _____ Do you consider yourself to be Hispanic or Latino Heritage (Y/N)? _____
 Race _____ Do you consider yourself to have a disability (Y/N)? _____
 Does your disability substantially affect your ability to gain employment (Y/N)? _____

Veteran Information

Have you served in the U.S. Military, Naval, or Air Service (Yes/No)? _____
(If no, go on to employment information)

Yes, Less than or equal to 180 days and was discharged under other than dishonorable conditions: _____
(If yes, bring DD 214)

Yes, greater than 180 days and was discharged under other than dishonorable conditions: _____
(If yes, bring DD 214)

Employment Information

Are you currently employed? (Y/N) _____ What is your current hourly rate? \$ _____

Have you received a termination or layoff notice from your last job or job of dislocation?
 (Y/N) _____ **(If yes, bring letter or notice)**

Reason for Layoff: _____ Projected Date of Layoff? _____

Who is the Dislocation Employer (Employer Name)? _____

EA WDB WIA INTAKE FORM

Address: _____ City: _____ State: _____

Zip Code: _____

Actual Layoff Date (if different from projected date): _____

Are you receiving Unemployment Compensation? (Y/N) _____

Type of position desired? (Full-Time/Part-Time) _____

Desired Occupation: _____

Barrier and Education Information

Are you a displaced homemaker? (Y/N) _____

What is the highest grade you completed in school? _____

Are you attending school? (Y/N) _____

Are you a high school graduate? (Y/N) _____

Are you a pregnant or parenting youth? _____ Are you a homeless runaway? _____

Are you an offender? _____ Are you a publicly supported foster child? _____

Do you have limited reading, speaking, writing, or understanding of the English language?

Is English a second language? _____

Youth who requires additional assistance? _____

Income Information

How many people live in your household? _____

What is the total annual household income? \$ _____
(Bring evidence of both questions above)

Have you received any type of public assistance within the last six months? (Y/N) _____
(If yes, bring evidence)

If so, what type? _____
(Choose from TANF, Food Stamps, SSI, General Assistance, Publicly Supported Foster Child, Refugee Cash Assistance)

For Internal Use ONLY

Meets program eligibility? (Y/N) _____ Funding Stream? _____

Statewide/Activity? (Y/N) _____ Is priority service in effect? _____

Date all eligibility documents received by case manager? _____

Name: _____ Date: _____
 Address: _____ Phone: _____
 City, State: _____ Alternate Phone: _____

To better serve you, please answer each of the following questions.

Are you presently employed? Yes No

If yes, where? _____

Has your employment been terminated through no fault of your own? Yes No

Have you received a notice of termination or layoff? Yes No

Are you eligible for Unemployment Compensation? Yes No

Have you exhausted your Unemployment Compensation? Yes No

Were you self-employed but are now unemployed due to general economic conditions within the community? Yes No

Are you a Displaced Homemaker who provided unpaid services to family members in your home and was dependent on the income of the family member(s) but is no longer supported by that income, and are unemployed or underemployed and are experiencing difficulty in obtaining or upgrading employment? Yes No

Have you received a reduction in work hours of more than 50% during any month of any six-month period? Yes No

Do you lack a fixed, regular, and adequate nighttime residence live in shelter?
 Yes No

Were you involuntarily separated from any of the Armed Services (Army, Marines, etc)?
 Yes No

Do you receive any of the following? _____ TANF, (Cash Assistance)
 _____ Food Stamps

How many people live in household? _____

Your income fro the past six months? _____

Spouse's income for the past six months? _____

How long have you lived in New Mexico? _____

Have you received WIA or JTPA funds in the past? _____