



Urban Inter-Tribal Center of Texas

Employment & Training
1283 Record Crossing Rd., Dallas, TX 75235-6001
Phone: 214/941-1050 Fax: 214/942-3160



WIOA INTAKE FLOW CHART

1. Receive applicant (sign in).
2. Intake Clerk will provide application and WIOA Intake Flow Chart.
3. Applicant must obtain eligibility documents.

Please note:

In compliance with the WIOA rules and regulations by the Department of Labor (DOL), Section 668.300, the applicant must submit verification of eligibility documents for the following:

- A. **BIRTHDATE/AGE:** Birth Certificate, State Identification, CDIB, or Driver License.
 - B. **RESIDENTIAL ADDRESS:** Utility Bill, Rent Receipt, or Letter of Residence (this document must have the same address as is on the WIA Application).
 - C. **CITIZENSHIP:** Birth Certificate, Voter's Registration, or Social Security Card.
 - D. **INDIAN VERIFICATION:** Tribal Enrollment/Letter or BIA Certificate Degree of Indian Blood (CDIB card).
 - E. **FAMILY INCOME:** Current income documents covering a 30 day time period from the date this application is ready to be signed-off on. Including: Check stub(s) from current &/or previous employer(s), Unemployment Insurance (UI) Document(s), Public Assistance Award Letter (ADSX, SSI, VA, etc.)
 - F. **SELECTIVE SERVICE REGISTRATION:** Male applicants born on or after January 1, 1960 must provide a Registration Acknowledgement letter from the Selective Service System. If a letter is not immediately available, a telephone call will be made to the Selective Service Registration Information Office or the internet will be used for verification.
 - G. **EMPLOYMENT ELIGIBILITY VERIFICATION:** I-9 form
 - H. **EMPLOYMENT STATUS:** In lieu of family income, applicants will be required to submit a WIOA form letter to the Texas Workforce Commission on registration verification for unemployment status, or letters from employers for determination of underemployed or unemployed, and/or the need for upgrading or retraining.
4. Once folder is complete and eligibility has been determined by the Intake Clerk, applicant will be referred to the WIOA Job Developer for employment assistance or the Career Counselor for training assistance. All applicants will be required to attend a WIOA/UITCT orientation for assessment or an orientation to the world of work.



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Pilot #: _____

Application Date: _____

Recertification Date: _____

SECTION I: IDENTIFICATION

Name (First, Middle, Last):		Maiden Name:	
Address:		City, State, Zip Code:	
Telephone #:	Cell Phone #:		
Social Security #:		Email Address:	
Sex (circle one): Male Female	Date of Birth:	Age:	Applicant's Tribal Affiliation:
Emergency Contact Person:		Emergency Contact Phone #:	
Emergency Contact Address:		City, State, Zip Code:	
Disabled (circle one): Yes No		Military Status (circle one): Registered Not Registered N/A	
Veteran Status (circle one): Yes No		Dates: From: To:	
Date Separated (if last 12 months):		Viet Nam Era (05AUG64 – 17MAY75):	

SECTION II: EDUCATION

School Name	Years Completed	Describe Course of Study	Diploma/Degree/GED
Elementary/Jr. High:	<input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th		
High School:	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		
College/University:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate/Professional:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

Describe specialized training, apprenticeship, skills, & extracurricular activities:

SECTION III: FAMILY STATUS (CHECK ONE)

Single, Head of household with dependent children
 Married
 Non-dependent individual
 Other (specify) _____

SECTION IV: OTHER BARRIERS TO EMPLOYMENT

Check as many as applicable:	Yes	No	Yes	No
School dropout			Math skills below the 7 th grade level	
AFDC/Food Stamps/Medicaid Recipient			Lacks significant work history	
Limited English language proficiency			Homeless	
Handicapped (adult/youth)			Substance Abuse	
Offender			Pregnant/parenting teen	
Reading skills below the 7 th grade			Other (specify):	
JOBS Program participant				

SECTION V: LABOR FORCE STATUS (CHECK ONE)

Unemployed
 Not in labor force

SECTION VI: FAMILY DATA

#	Number in family including yourself, in past 6 months	#	Number of dependents
Family Income (Please list all members in your family if they have income or not, including yourself)			
Household member's name	Relationship	Source of Income	Income (last 6 months)
Total 6-month income			\$
Total 6-month income annualized (multiply by 2)			\$

SECTION VII: WIOA PARTICIPATION

Prior JTPAWIA/WIOA participation beginning 10/01/1983? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete:	Grantee Name, Address, City, State, Zip:	Beginning date	Ending date
Job Search:			
GRT:			
AWE:			
OJT:			

SECTION VIII: EMPLOYMENT HISTORY
(BEGIN WITH MOST RECENT FIRST)

1 Employer:	Employment Dates:
	From: To:
Address, City, State, Zip:	Pay/Salary:
	Start: Final:
Job Title:	Major Job Duties:
Supervisor:	Reason For Leaving:
2 Employer:	Employment Dates:
	From: To:
Address, City, State, Zip:	Pay/Salary:
	Start: Final:
Job Title:	Major Job Duties:
Supervisor:	Reason For Leaving:
3 Employer:	Employment Dates:
	From: To:
Address, City, State, Zip:	Pay/Salary:
	Start: Final:
Job Title:	Major Job Duties:
Supervisor:	Reason For Leaving:

SECTION IX: OTHER CHARACTERISTICS

What type of employment or training are you requesting from the WIOA program? Please specify

List any type of special qualifications, skills, and/or certificates you may have.

List machines or equipment you can operate.

Would you be willing to relocate?

Yes No

Do you have transportation?

Yes No

Do you have a valid TX Driver's License?

Yes No

Typing: _____ words per minute

Shorthand: _____ words per minute

Are you computer literate?

Yes No

SECTION X: NEPOTISM

(PER WIOA RULES & REGULATIONS SECTION 668.630 (B) (D))

Do you have any close relatives and/or immediate family members employed at the Urban Inter-Tribal Center of Texas?

Yes No

If yes, state their name, relationship, and how they are related to the Center:

Do you have any immediate family members presently participating on the Urban Inter-Tribal Center of Texas Board of Trustees?

Yes No

If yes, state their name and relationship.

SECTION XI: CERTIFICATION

To be signed by the applicant after reviewing information.

"I certify that the information provided on all pages of this application is true to the best of my knowledge of the application date below. I am also aware that the information I have provided is subject to review and verification and that I will have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and perjury. I hereby authorize the Urban Inter-Tribal Center of Texas' Workforce Innovation & Opportunity Act (WIOA) Program to verify the contents of this application, which includes contacting social services agencies, past employers, educational institutes, etc. and said institutional agencies to release all information needed for the purpose of eligibility determination and payment of monies."

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Intake: _____ Date: _____

Recertification:

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Intake: _____ Date: _____

***** FOR OFFICE USE ONLY *****

ELIGIBILITY DETERMINATION

_____ Title 1 Sec. 166 _____ Dot Code: 1st: _____

Eligible Reason: _____ 2nd: _____

Ineligible Reason: _____

"I hereby certify that as of this date and to the best of my knowledge concerning the criteria and based on the information above, the application does/does not meet the eligibility requirements."

Signature of Program Director: _____ Date: _____

Recertification:

Signature of Program Director: _____ Date: _____

Letter of Residence

_____ Lives with me/us at
(Applicant's Name)

(Address, Apt./Lot/Space #, City, State, Zip Code)

Signature

Date