



Division of Community Services
 WIOA Section 166
 P. O. BOX 5907
 Alamo, New Mexico 87825

INTAKE RECORD

(575)854-2609 EXT 1400 Office

(575)854-2545 Fax

DATE OF INTAKE	
TYPE OF SERVICE	

Last Name:		First Name:		MI:			
Address:			City:		State:		
Social Security:		Birth Date:	Age at Enrollment	Phone #:	Email Address:		
GENDER	ETHNICITY	WORK STATUS	PUBLIC ASSISTANCE	FAMILY STATUS	FAMILY INCOME LEVEL		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Employed <input type="checkbox"/> Employed but received notice of Termination of employment or Military separation <input type="checkbox"/> Not employed <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed Last Day Worked ___/___/___	<input type="checkbox"/> GA/BIA <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSA/SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> Foster Child Payments <input type="checkbox"/> USDA Food Commodities <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> None	<input type="checkbox"/> Parent <input type="checkbox"/> Single Parent / Guardian <input type="checkbox"/> Single <input type="checkbox"/> Homeless # of People in Family _____	<input type="checkbox"/> Below HHS or 70% of LLSIL <input type="checkbox"/> Above HHS or 70% of LLSIL <hr/> <p style="text-align: center;">LOW INCOME</p> <input type="checkbox"/> Poverty <input type="checkbox"/> 70% LL SIL <input type="checkbox"/> Other Determinant		
	U.S. CITIZENSHIP						
<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Non-Eligible, Non-Citizen							
SELECTIVE SERVICES REGISTRANT	VETERANS PREFERENCE	EDUCATIONAL STATUS	RESERVATION				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Not required to register	<input type="checkbox"/> Less than or equal to 180 days <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Other Eligible Person <input type="checkbox"/> No	<input type="checkbox"/> In-School, H.S. or Less <input type="checkbox"/> In-School, Post H.S. <input type="checkbox"/> Not attending School <input type="checkbox"/> High School Graduate <input type="checkbox"/> High School Dropout Grade Dropout ___	Resides on Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Reservation <hr/> TRIBAL MEMBERSHIP <input type="checkbox"/> Yes Census # _____ <input type="checkbox"/> No <input type="checkbox"/> Not Known	<input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> Low Income <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Offender / Criminal Justice <input type="checkbox"/> Single Head of Household <input type="checkbox"/> Pregnant / Parenting Teen <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Individual with Disability <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Homeless <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> School Drop-out <input type="checkbox"/> Runaway <input type="checkbox"/> Youth Additional Assistance <input type="checkbox"/> Welfare Recipient <input type="checkbox"/> Learning Disability <input type="checkbox"/> Not Applicable		
EMPLOYMENT HISTORY (26 WEEKS Pre-Program Current/Last Job First)		FROM:	TO:	Job Title	Hourly Wage	Hours Per Week	Reason For Leaving
Enter the employer's name, address, zip code, and telephone number		Mo/Day/Yr	Mo/Day/Yr				

ELIGIBLE FOR (Office use only)

- WIOA CSP
- NEW
- SYS
- INELIGIBLE

SIGNATURES:

CLIENT: _____

PARENT/GUARDIAN: _____

INTERVIEWER: _____

DATE:

Family Income List Family members in household	Relationship	Income Source	Income Last 6 Months	Family Size	HHS Poverty Level Guidelines	70% LLSIL			
						Metro	Non-Metro	Rural	
			\$	1					
			\$	2					
			\$	3					
			\$	4					
			\$	5					
			\$	6					
			\$	7					
			\$	8					
			\$	ADD					
Total Income for the Last 6 Months			\$	COMPLETE IF MORE THAN 8 PEOPLE IN THE FAMILY					
Family Size in Last 6 months	<input type="text"/>	Total Annualized Family Income	\$	X2	Family Size	HHS Guidelines	70% LLSIL		
							Metro	Non-Metro	Rural

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake, it has been explained to me and I understand.

Applicant Signature

Date