

NATIVE AMERICAN CULTURAL CENTER

229 Empire Blvd, Rochester, NY 14609

Date of Intake: ___/___/___ Social Security Number: ___-___-___ Birth Date: ___/___/___

Participant Name: _____

What is your major? _____ Gender: Male Female

Resides on Reserve? Yes No Telephone: () _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different from street address): _____

City: _____ State: _____ Zip Code: _____

US Citizenship:

- Citizen
- Eligible Non-Citizen
- Non-Eligible, Non-Citizen

American Indian, Alaskan Native, or Native Hawaiian:

- American Indian
- Alaska Native
- Native Hawaiian

Reservation: _____

Tribal Membership: Enrolled Member, Tribal Affiliation: _____

Selective Service Registrant: If you are male, are you registered with Selective Service? Yes No

Are you receiving services from another agency(ies)? Yes No

If yes, which agency and/or program? _____

Members of Household Including Applicant:

Name: _____ DOB: ___/___/___ Male/Female

Relationship _____

Name: _____ DOB: ___/___/___ Male/Female

Relationship _____

Name: _____ DOB: ___/___/___ Male/Female

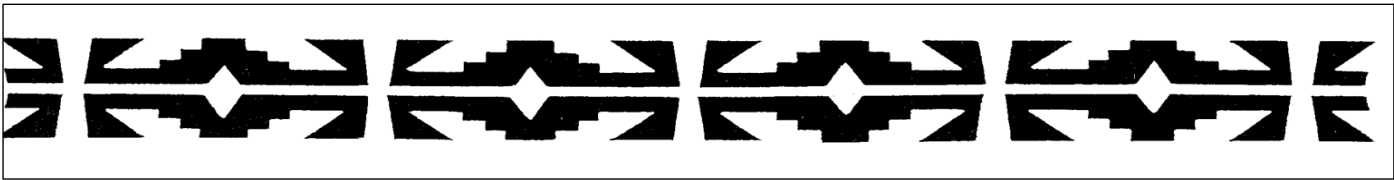
Relationship _____

Name: _____ DOB: ___/___/___ Male/Female

Relationship _____

Phone 585.442.1100 Fax 585.442.1128

Native American Cultural Center is a 501(c)(3) charitable organization that advocates for Native American traditional values, cultural expression, and community cohesiveness while providing for the educational and career needs of Native Americans.



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Employment History: Current/Last Job First

Start Date: ___/___/___ End Date: ___/___/___

Hourly Wage: _____ Hours Per Week: _____

Employer: _____

Address: _____

City: _____ State: _____

Country if not the US: _____

Job Title: _____

Reason for Leaving: _____

Certification Statement:

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 verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that information collected on the WIOA Application will be entered and stored in the NACC Bear Tracks Database located at the NACC office. All or part of the information provided may be shared with the Department of Labor for program performance measurements. I also understand that the information recorded on the initial application will be protected in accordance with the Privacy Act. Misstatements or misrepresentation on my part in these or other related forms may be cause for dismissal and possible legal action for the payments received from NACC. Anyone who makes a false statement or representation of facts in an application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury. I hereby authorize release of this information for verification purposes. I authorize the sharing of this information with other NACC programs and their partner agencies if needed. I acknowledge that all the questions on this intake record have been reviewed and answered as necessary.

Participant Signature: _____ Date: _____

WIOA Coordinator: _____ Date: _____

Executive Director: _____ Date: _____

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