

NATIVE AMERICAN CULTURAL CENTER

229 Empire Blvd, Rochester, NY 14609

Date of Intake: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Participant Name: \_\_\_\_\_

Gender:  Male  Female Resides on Reserve?  Yes  No

Telephone: ( ) \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_

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: \_\_\_\_\_

Marital Status:

- Single
 Married
 Divorced
 Widowed
 Separated
 Common Law

Educational Status

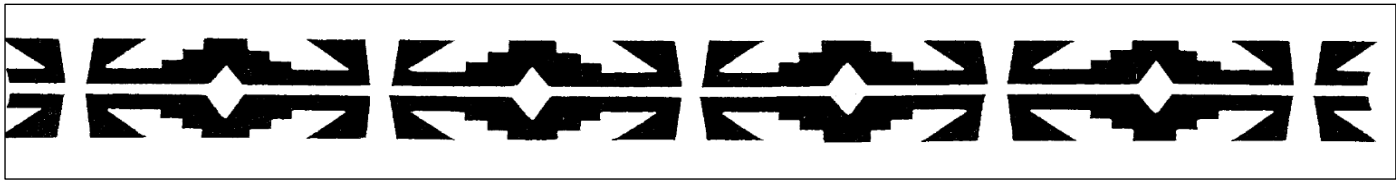
- In School, Alternative School
 In School, Post High School
 In School, High School or less
 Not Attending School, High School Dropout
 Not Attending School, High School Diploma

Last Grade Completed:

- Never Attended
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth
 High School Diploma
 GED
 Vocational Tech School
 College Freshman
 College Sophomore
 Associates Degree
 College Junior
 Bachelor of Arts
 Bachelor of Science
 Master's Degree
 Doctorate

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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- Selective Service Registrant: If you are male, are you registered with Selective Service?
Registration Card
Selective Service Letter
Are you a Veteran or the Spouse of a Veteran?
Phone Confirmation
Not Registered
Other Proof
Online Registration
Are you currently in the military?
Are you a US Citizen?

Low Income:

- Pay Stubs
Public Assistance Document
Other Documentation
Social Services Emergency Disaster
Homeless
Individual with Disability
70% LLSIL

Employment Status at Intake:

- Employed Part Time
Employed Full Time
Underemployed
Employed but received notice of termination or military discharge
Non Active Military
Unemployed

Public Assistance Recipient Information:

- General Assistance (GA) State or Local Government
Temporary Assistance to Needy Families (TANF)
Supplemental Security Income (SSI-SSA Title XVI)
Social Security Disability Insurance (SSDI)
Food Share/Food Stamps
Foster Child Payments
Tribal Work Experience Program (TWEPE)
Other Public Assistance Recipient

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

If yes, which agency and/or program?

Poverty Guidelines - For families/households with more than 8 persons, add \$4,160 for each additional person

- 1 - \$11,880
2 - \$16,020
3 - \$20,160
4 - \$24,300
5 - \$28,440
6 - \$32,580
7 - \$36,730
8 - \$40,890

Household Annual Income:

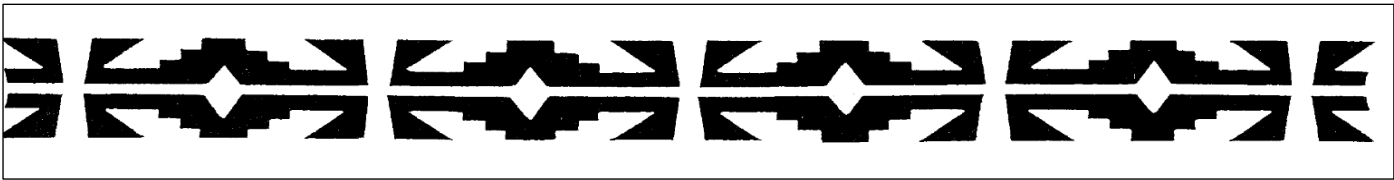
- <\$5000
\$5000-\$7499
\$7500-\$9999
\$10,000-\$14,999
\$15,000-\$19,999
\$30,000<

Family Income Level:

- At or Below HHS Poverty Level
At or Below 70% of LLSIL
Above 70% of LLSIL
Other Determinant:

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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 \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male/Female

Relationship \_\_\_\_\_

Employment History: (26 weeks Pre-Program, Current/Last Job First)

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Hourly Wage: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country if not the US: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

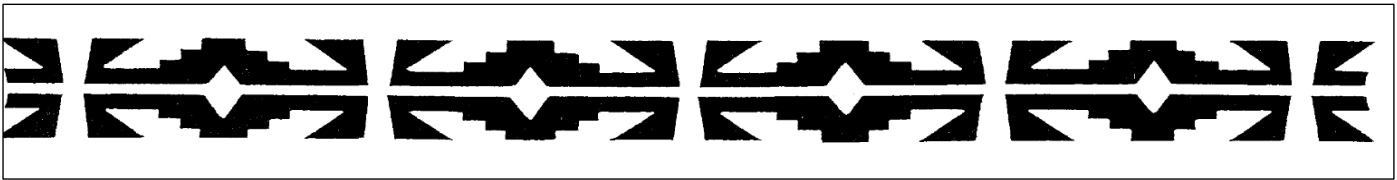
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

(please provide a current Resume and Cover Letter with your application)

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**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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