

NAIA – Workforce Investment Act (WIA) Program  
661 Fitzhugh Blvd., Suite 110  
Smyrna, TN 37167-2072  
(877) 437-0756 or (615) 984-4166 fax: (615) 984-4160  
WIA@NAIA.comcastbiz.net



## WIA Intake Form

### **Personal Data:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_[M] \_\_\_[F]

Check all that Apply: \_\_\_[Married] \_\_\_[Single] \_\_\_[Divorced] \_\_\_[Separated] \_\_\_[Handicapped] \_\_\_[Veteran] \_\_\_[Offender]

Family Income for the past 6 months: \$ \_\_\_\_\_ Number of people in your Family: \_\_\_\_\_

\_\_\_[Farm] \_\_\_[Non-Farm] Public Assistance? \_\_\_[Yes] \_\_\_[No] Type: \_\_\_\_\_

Do you have reliable Transportation? \_\_\_[Yes] \_\_\_[No]

**Educational Status** (please circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and Location of Elementary School: \_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

Name and Location of College/Technical School: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Currently Enrolled in any type of school? \_\_\_[Yes] \_\_\_[No] If yes, Name: \_\_\_\_\_

Type: \_\_\_[Adult Basic Education] \_\_\_[Technical School] \_\_\_[College] \_\_\_[Other] \_\_\_\_\_

### **Work History:**

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Pay: \$\_\_\_\_\_/hour \$\_\_\_\_\_/week \$\_\_\_\_\_/month \$\_\_\_\_\_/year

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

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Pay: \$\_\_\_\_\_/hour \$\_\_\_\_\_/week \$\_\_\_\_\_/month \$\_\_\_\_\_/year

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

Have you worked for WIA before? \_\_\_[Yes] \_\_\_[No] or, JTPA? \_\_\_[Yes] \_\_\_[No] Dates: \_\_\_\_\_ to \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Component: \_\_\_\_\_

**Skills Developed (Training and/or Work Experience):** \_\_\_\_\_

**Vocational Interests:** \_\_\_\_\_

I hereby attest that the information appearing above is accurate to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *For office use only:*

Training or Employment Interested in: \_\_\_ **On-the-Job Training** \_\_\_ **Classroom Training** \_\_\_ **Unsubsidized Employment**

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Labor Force Status**

Are you unemployed? ___ Yes ___ No For How Long? _____	Are you employed part-time? ___ Yes ___ No For how long? _____
Are you a student? ___ Yes ___ No	Are you employed full-time? ___ Yes ___ No For how long? _____

**Veteran Status**

Are you a Veteran? ___ Yes ___ No	Or spouse of a Veteran? ___ Yes ___ No
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Household Members: Name (List Yourself and all Household Members)	Relationship	Date of Birth / Age	Source of Income (List All Sources)	Amount Last 6 Months
				\$
				\$
				\$
				\$
Total Family / Household Income:				\$

**CERTIFICATION**

I certify that the information provided is true to the best of my knowledge. I understand that all information provided is subject to review and verification. 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/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

I have been informed and understand the complaint procedure under the Workforce Investment Act.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Applicant*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Case Manager*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of WIA Program Director*

**RECERTIFICATION**

Should more than 45 days have elapsed from the date of applicant's signature, a new application will be necessary.

**Complaint Procedure**

If a WIA participant has a grievance concerning his/her participation, it must be appealed in the following manner:

- A. Appeal to the WIA Executive Director
- B. If the problem cannot be resolved with the WIA Executive Director, a written and signed complaint should be mailed to NAIA Board of Directors and a copy of the complaint should be send to the WIA Executive Director.
- C. Finally, if the participant does not get satisfaction from the grantee level, any WIA related matters may be appealed at the National Office level. Mail a written, signed complaint to:

Grant Officer, Office of Special Targeted Programs  
ETA, Room S-4203  
Frances Perkins Building  
200 Constitution Avenue, N.W.  
Washington, DC 20210