

Commonwealth of the Northern Mariana Islands
WORKFORCE INVESTMENT AGENCY (WIA)

COMMON INTAKE APPLICATION FORM

(1). NAME (Last, First, M.I.)		(2). SOCIAL SECURITY NO.	(3). DATE OF BIRTH
(4). AGE	(5). SEX	(6). MAILING ADDRESS (P.O. Box, Village & Island)	
(7). PHONE #		(8). EMERGENCY CONTACT PERSON & PHONE #	
(9). SELECTIVE SERVICE (Males Only) Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> Not Applicable <input type="checkbox"/> Reg. # _____		(10). PLACE OF BIRTH _____	(11). CITIZENSHIP US Citizen <input type="checkbox"/> Perm. Resident <input type="checkbox"/> Alien authorized to work ___/___/___ <input type="checkbox"/> FAS <input type="checkbox"/>
(12). ETHNICITY White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaska/Am. Ind. <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Other <input type="checkbox"/>	(13). RECEIVING OR DETERMINED ELIGIBLE FOR FOOD STAMPS Within past 6 months <input type="checkbox"/> Case # _____ <input type="checkbox"/> Amount of Grant \$ _____ <input type="checkbox"/> Receiving SSI? Yes <input type="checkbox"/> No <input type="checkbox"/> Claim # _____		(14). FAMILY SIZE _____
(15). ANNUAL FAMILY INCOME \$ _____		(16). HARD TO SERVE Is English your Second language Yes <input type="checkbox"/> No <input type="checkbox"/> Displaced Homemaker Yes <input type="checkbox"/> No <input type="checkbox"/> Basic skills deficient Yes <input type="checkbox"/> No <input type="checkbox"/> Behind one or more grade levels Yes <input type="checkbox"/> No <input type="checkbox"/> School Dropout Yes <input type="checkbox"/> No <input type="checkbox"/> Offender (Youth/Adult) Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless/Run-Away Youth Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled Yes <input type="checkbox"/> No <input type="checkbox"/> Pregnant/Parenting Teen Yes <input type="checkbox"/> No <input type="checkbox"/>	
(17). ECONOMICALLY DISADVANTAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>		(19). 10% EXCEPTIONAL RULE Yes <input type="checkbox"/> No <input type="checkbox"/> # of barriers _____	
(18). EDUCATION STATUS: Student <input type="checkbox"/> School Drop Out <input type="checkbox"/> Graduated HS/GED <input type="checkbox"/> Post High School <input type="checkbox"/> Highest grade completed _____		(21). LABOR STATUS Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in labor force <input type="checkbox"/>	
(20). PRIOR WIA? Yes <input type="checkbox"/> No <input type="checkbox"/>			

(23). FAMILY SIZE AND INCOME:

The following is considered as income for the purpose of figuring eligibility for the Workforce Investment Agency program; money from wages & salaries before deductions, income from self-employment excluding farm income, payments from Social Security, workers compensation, training stipends, alimony, military family allotments, regular support from absent family pensions, regular insurance or annuity payments, school grants, fellowships, dividends, interest, net rental income, net royalties, income from estates & trusts, net gambling or lottery winnings.

List all family members now living in your household.

a. Family Member	b. Age	c. Relationship	d. Source of Income	E. Amount of Income

CERTIFICATIONS:

I certify that the information provided is true to the best of my knowledge. I am also aware that this information I have provided is subject to review and verification and I may have to provide additional documentation to support this application. I am also aware that I am subject to immediate termination from the Workforce Investment Agency if I am ineligible after enrollment and may be prosecuted in a court of law for fraud and/or perjury. I understand that the information contained in this application is protected by the Freedom of Information Act, but may be released with my written consent.

CONSENT TO RELEASE INFORMATION:

I hereby authorize release of information from schools attended, employers, and other institutions, to verify my eligibility for the Workforce Investment Agency.

45 DAY LIMITATION STATEMENT:

I understand that if I am not enrolled in the Workforce Investment Agency within 45 days of the date of this application, the application will be placed in the inactive file. It will be my responsibility as an applicant to update or reapply with the Workforce Investment Agency if I am not enrolled by this date: ____ / ____ / ____.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Signature of Intake Worker

Date

Commonwealth of the Northern Mariana Islands
WORKFORCE INVESTMENT AGENCY (WIA)
APPLICANT INCOME WORKSHEET

Name: _____

Date: _____

Social Security Number: _____ 6 Month Period From: _____ to: _____

Eligible/Receiving Food Stamps: Yes No Card #: _____ Amount: \$ _____

Total Number in Family _____

Head of Household Spouse Dependent Family of One
Handicapped (must have documentation to verify handicap) Yes No

Head of Household (Declare gross earned income for past 6 months) HOW PAID?

Monthly Bi-Weekly Semi-Monthly Weekly

LIST GROSS EARNINGS:

Total gross earnings for the last 6 months: \$ _____ x 2 = \$ _____ Annualized

Spouse (Declare gross earned income for past 6 months) HOW PAID?

Monthly Bi-Weekly Semi-Monthly Weekly

LIST GROSS EARNINGS:

Total gross earnings for the last 6 months: \$ _____ x 2 = \$ _____ Annualized

Other Family Members in Household (Declare gross earned income for past 6 months) HOW PAID?

Monthly Bi-Weekly Semi-Monthly Weekly

LIST GROSS EARNINGS:

Total gross earnings for the last 6 months: \$ _____ x 2 = \$ _____ Annualized

ATTACH TO THESE WORKSHEET COPIES OF ALL INCOME STATEMENTS: (pay stub, income statements, statements of retirement, monthly payments, alimony, etc.)

TOTAL ANNUALIZED FAMILY INCOME IS: \$ _____ BASED ON A FAMILY OF _____
DOES THE APPLICANT MEET THE FEDERAL GUIDELINES FOR BEING ECONOMICALLY DISADVANTAGE?
Yes No Difference from income guideline: \$ _____

These income calculations have been made in my presence and I agree with the amount of annualized income based on the income information provided to the CNMI program.

Applicant Signature

Date

Intake Worker Signature

Date