



**YSLETA DEL SUR PUEBLO  
NATIVE PATHWAYS  
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

Main Office: 9180 Socorro Road El Paso TX 79907  
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**NATIVE PATHWAYS APPLICATION**

Native Pathways is funded by the Department of Labor through the Workforce Innovation and Opportunity Act (WIOA) and strives on assisting Native Americans with training and/or employment. Before any action is taken, all required documents indicated below must be provided in order for your application to be considered complete.

Please note that any application not completed will be considered pending and no services will be provided.

**ONCE YOU HAVE GATHERED ALL REQUIRED DOCUMENTS, YOU MAY SUBMIT YOUR FORMS ONLINE AT:  
YSLETADELSURPUEBLO.ORG/NATIVE-PATHWAYS OR CALL OUR OFFICE TO SET UP AN APPOINTMENT.  
ANY APPLICATIONS DROPPED OFF WITHOUT AN APPOINTMENT WILL NOT BE ACCEPTED.**

#	Required Documents	N/A	Pending	Submitted
<i>If Applicable</i>				
1	Food Stamps Letter			
2	Proof of Selective Service (Adult Males)			
3	Resume (Employment Assistance / Returning TNG Participants Only)			
4	Job Search (Employment Assistance Only)			
<i>Per Term</i>				
5	Birth Certificate			
6	Social Security Card			
7	Updated Enrollment Card / Certificate of Indian Blood / BIA Form 4432			
8	Identification Card (Drivers License / State ID / School ID)			
9	Proof of Income (2 Pay Stubs / Child Support / Letter of Support / Tax Forms)			
10	Proof of Residence (Rent / Utility Receipt / Letter of Residency)			
11	Education (Diploma / GED Certification / College Transcript / HS Report Card)			
<i>Completed with Native Pathways Staff</i>				
12	Ysleta Del Sur Pueblo Drug Policy			
13	Tribal Verification Form (Tribal Records)			
<b>Expiration</b>				
<p>Clients are encouraged to follow up on the status of their application on a weekly basis. If the staff does not hear from the client, after being contacted repeatedly, it will be assumed that the client is no longer interested in the program and the application will expire after the last day of the month.</p>				
<b>Application Authorization</b>				
<p>I certify that the information on this application is true to the best of my knowledge and that there is no intent on my part to commit fraud. I understand that the information on this application will be used to determine eligibility, that I may be required to prove the accuracy of the information and that the information is subject to verification and may be released for such purposes. I also understand that if I am found ineligible after enrollment, I will be terminated from the program and that if I am terminated due to falsifying information on this application, I may be prosecuted for fraud. I agree to provide information for follow-up requirements after ending the program.</p>				
<b>Authorization</b>				
<b>Description</b>	<b>Date</b>	<b>Authorization</b>		
Submission Date		Client		
Intake Processing		Intake Officer		
Eligibility Confirmation		Reviewing Officer		
<b>Assistance Type</b> <input type="checkbox"/> <b>Employment</b> <input type="checkbox"/> <b>Training</b> <input type="checkbox"/> <b>Internship</b> <input type="checkbox"/> <b>Tigua Next Generation</b>				

INTAKE (PLEASE PRINT)								
<b>Processed Date</b>			<b>Social Security #</b>	<b>Gender</b>		<b>Birth Date</b>		
				<input type="checkbox"/>	<input type="checkbox"/>			
MM	DD	YYYY		Male	Female	MM	DD	YYYY
<b>Last Name</b>			<b>First Name</b>	<b>Middle Name</b>		<b>Suffix</b>		
<b>Physical Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>		
<b>Mailing Address</b> Same as above			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>		
<b>E-Mail Address</b>				<b>Primary Phone #</b>		<b>Alternate Phone #</b>		
<b>Emergency Contact Person</b>		<b>Emergency Contact Relationship</b>		<b>Emergency Contact Prime Phone #</b>		<b>Emergency Contact Alt. Phone #</b>		
<b>Emergency Address</b> Same as above			<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>		
<b>Marital Status</b>			<b>Ethnic Group</b>			<b>Tribal Affiliation</b>		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Native American	<input type="checkbox"/> Hawaiian				
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Common Law	<input type="checkbox"/> Alaskan	<input type="checkbox"/> Other				
<b>Education at Enrollment</b>								
<input type="checkbox"/> In-School, Secondary School or Less <input type="checkbox"/> In-School, Alternative School _____ <input type="checkbox"/> In-School, Postsecondary School _____ School Name				<input type="checkbox"/> Not Attending School; Secondary School Dropout <input type="checkbox"/> Not Attending School; Secondary School Graduate / Recognized Equivalent <input type="checkbox"/> Not Attending School; Within Age of Compulsory School Attendance				
<b>Employment at Enrollment</b>				<b>Highest School Grade Completed</b>				
<input type="checkbox"/> Employed <input type="checkbox"/> Employed, But Received Termination Notice or Military Separation Pending <input type="checkbox"/> Unemployed				<input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade <input type="checkbox"/> 7th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 2nd Grade <input type="checkbox"/> 5th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 6th Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 12th Grade				
<b>Highest Education Level Completed</b>								
<input type="checkbox"/> Attained Secondary School Diploma <input type="checkbox"/> Attained Secondary School Equivalency <input type="checkbox"/> Certificate of Attendance / Completion for Individualized Education Program (IEP) <input type="checkbox"/> Completed One or More Years of Postsecondary Education				<input type="checkbox"/> Attained a Postsecondary Technical / Vocational Certificate (Non-Degree) <input type="checkbox"/> Attained Associates Degree <input type="checkbox"/> No Educational Level Completed <input type="checkbox"/> Attained Bachelor's Degree <input type="checkbox"/> Attained Degree Beyond Bachelor's Degree				
<b>Veteran Details</b>				<b>Eligible Veteran Status</b>				
Have you served on active duty in the armed forces and was discharged or released from such service under conditions other than dishonorable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Status Not Known				<input type="checkbox"/> Served Less Than 180 Days <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Not Eligible				
<b>Public Assistance Recipient Information</b>				<b>Unemployment Compensation Eligible Status</b>				
Please select all public assistance received in the last 6 months. <input type="checkbox"/> General Assistance (GA) (State/Local Government) <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI-SSA Title XVI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Food Stamps (Food Stamp Act of 1977/SNAP) <input type="checkbox"/> Foster Child Payments <input type="checkbox"/> Benefits From Tribal Work Experience Program (TWEPP) <input type="checkbox"/> Benefits From USDA Commodity Program				<input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither Claimant/Exhaustee				
				<b>Barriers</b>				
				Please select all barriers that you feel pertain to you at this moment in time. <input type="checkbox"/> Homeless or Runaway Youth <input type="checkbox"/> Limited English <input type="checkbox"/> Basic Skills Deficiency / Low Level Literacy <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Long-Term Unemployment <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent with Dependents under age 18 <input type="checkbox"/> Disability				

<b>INTAKE (PLEASE PRINT)</b>								
<b>WIOA Participation</b>								
Have you ever participated in the WIOA program? If yes, please answer the following:				Did you complete the program? If no, please indicate the reason below:				
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<b>Employed Relatives</b>								
If any of your relatives are employed within a Tribal Agency, please list the following information requested.								
Name		Relationship		Occupation		Tribal Agency		
1)								
2)								
3)								
<b>FAMILY INCOME (PLEASE PRINT)</b>								
List yourself, dependents, and all members residing at your address. An adult handicapped applicant is considered a family of one and needs to complete the application information.		Indicate the relationship of each individual to you.		Indicate the source of income for each family member. (Ex. Employer, SSI, SSDI, TANF)		Complete the income for each dependent (even if 0) based on their <u>total</u> income for the <u>whole year</u> .		
Name		Relationship		Source		Yearly Income		
1)		Self				\$		
2)						\$		
3)						\$		
4)						\$		
5)						\$		
6)						\$		
7)						\$		
8)						\$		
<b>CURRENT COURSE SCHEDULE (IF APPLICABLE)</b>								
Course		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	1)							
	2)							
PM	3)							
	4)							
<b>LATEST / CURRENT EMPLOYMENT (IF APPLICABLE)</b>								
Company Name				City		State		Zip
Title / Position				Start Date		End Date		
Description of Duties				MM	YYYY	MM	YYYY	