



Laguna Acoma Connections

P. O. Box 550 • New Laguna, NM 87038 • (505) 552-0619 • Fax (505) 552-7168

Client Case No. _____

Personal Information:

Name: _____ SS#: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Home Location: _____

Date of Birth: _____ Sex: Male Female

Tribal Affiliation: _____ Tribal Census No.: _____

Disability: _____

Is this disability the result of an injury while employed? Yes No

In what way can the Laguna Acoma Connections provide services? (Check those that apply)

College GED Voc./Tech Training

Class or Training Needs (specify): _____

Workplace needs/support (specify): _____

Other Needs/Support (describe): _____

Have you ever received Vocational Rehabilitation services? Yes No

If yes, when and where? _____

Primary source of transportation: Own vehicle Family vehicle

Other: (list) _____ Do you have a valid driver's license? Yes No

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Education & Training: (Check highest level completed)

High School: ___ 9 ___ 10 ___ 11 ___ 12 ___ GED Type of Diploma: _____

College/University: ___ 1 ___ 2 ___ 3 ___ 4 Degree: _____

Vocational School: _____ Type of training? _____

Other training (describe): _____

Licenses or certification (specify): _____

Employment

List dates and type of employment (including volunteer work, self-employment, etc.):

1. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

2. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

3. Employer and address: _____

Dates of employment: _____ Job Title: _____

Duties: _____

If you have additional information, please list on the back side of this application.

Insurance

Do you have health/medical insurance? ___ Yes ___ No

Insurance carrier: _____

Policyholder: _____ Policy No.: _____

(Check those which apply.): ___ SSI ___ SSDI ___ Medicare ___ Medicaid

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Who or what agency referred you to Laguna Acoma Connections? (Please check)

Self Family High School Program/Agency (specify) _____

Are you a veteran? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

How does your disability keep you from working?

I have been provided information regarding my client rights, the due process procedures, confidentiality regarding my case file and have received the Disability Rights of New Mexico Client Assistance program information. Please initial and date: _____

I certify that the information in this application for services is true and complete to the best of my knowledge.

Name of applicant (signature)

Date

Name of applicant (please print)

Guardian (if applicable)

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.