

Santo Domingo Pueblo Education and Employment & Training

P.O. Box 160 Santo Domingo Pueblo, NM 87052 O: (505) 585-0109 | F: (505) 465-2688

Intake Form

Receiving SDETO Staff Signature

Welcome! We appreciate your interest in the Santo Domingo Pueblo Education and Employment & Training Office's programs and services.

Important Note: Completing this form does not guarantee enrollment or eligibility for assistance. Our staff will review your completed form and may contact you within 2-3 business days to schedule an interview to gather information for the next steps.

Submitting your form: Once you've completed the application, please return it to the Santo Domingo Pueblo Education and Employment & Training Office.

Need help? If you need assistance filling out the form, feel free to call our friendly staff at (505) 585-0109 to schedule an appointment.

CLIENT INFORMATION								
First Name:		MI: Last Name:			DOB://	Ge	nder: □Male □Female	
Physical Address:		City:			State:Zip Code:			
Mailing Address:		City:			State:		Zip Code:	
Primary Phone #:		Alternate Phone #:		E	E-mail Address:		_	
Parent/Guardian Name		Phone #:		E	E-mail Address:			
TYPE	OF ASSISTANCE NEEDED:							
	Bus/Train Pass		Financial Literacy		Job Search		School Supplies	
	Career Planning/Counseling		First Time Driver's License/Fees		Leadership Development		Textbooks	
	Career Readiness/Exploration	ח ח	Fuel Assistance		Mentoring Service from Adult Mentors		Tools/Equipment	
	Dropout Prevention		GED Preparation		Occupational Skills Training		Tutoring	
	Educational Testing Fees		GED/High School Equivalency Referral		On-the-Job Training		Uniform/Work Attire	
	Employment Related Fees		Internship/Job Shadowing		Post Secondary Education		Vocational Education Certificate	
	Entrepreneurial Skills Training	g 🗆	Job Placement		Prescription Eyewear		Work Experience	
CERTIFICATION								
I acknowledge that all information provided in this application is accurate and truthful to the best of my knowledge. I understand that the information may be verified and reviewed, and I may be asked for additional information depending on the services requested. I authorize the release of this information for verification purposes, and I acknowledge that it will be used to assess my eligibility for services. If deemed eligible, I agree to comply with all rules, regulations, and procedures of the Santo Domingo Education and Employment & Training Office.								
Applicant Signature					Date			
Parent/Guardian Signature (If applicant is under the age of 18)					Date			

Date