



# Laguna Acoma Connections

P. O. Box 550 • New Laguna, NM 87038 • (505) 552-9322 - Ext. 2003

Client Case No. \_\_\_\_\_

Email: \_\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Msg. 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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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 for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they