

Workforce Innovation and Opportunity Act (WIOA) Eligibility Application	<input type="checkbox"/> Verified SSN: _____		
	Field of Study: _____		
Other Programs	Adult	Dislocated Worker	Youth
Contact Information			
First Name:	Middle:	Last Name:	
Mailing Address:			
Line 1: _____			
City: _____ State: _____ County: _____ Zip: _____			
Primary Phone Number: _____ Ext. _____ Cell Phone Relative Phone Work Phone Home Other			
Alternate Phone Number: _____ Ext. _____ Cell Phone Relative Phone Work Phone Home Other			
Email: _____			

Demographic Data		
Date of Birth: _____ Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Registered for the Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not Applicable
Authorized to work in U.S. <input type="checkbox"/> Verified <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No	Alien/Visa Registration #: _____ Alien/Visa Expiration Date: _____	Considered to be of Hispanic Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not Provided
Race (multiple selections are allowed when I do not wish to answer is not selected): <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> I do not wish to answer.		
Considered to have a disability <input type="checkbox"/> Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed	Type of Disability (must be answered when Considered to have a disability is Yes): <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both a physical and mental impairment <input type="checkbox"/> Information Not Disclosed	

Veteran Data		
Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge	Estimated Discharge Date
Veteran Information Service		
Eligible Veteran Status <input type="checkbox"/> Verified <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	Served more than 1 tour of duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Begin Date 1:	Discharge Date 1:
	Begin Date 2:	Discharge Date 2:
	Begin Date 3:	Discharge Date 3:
Campaign Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled (30% or greater) <input type="checkbox"/> No	Recently separated veteran (within the last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No
Attended a Transition Assistance Program (TAP) Workshop within the last 3 years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment		
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <input type="checkbox"/> Verified		
If employed, individual is under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Receiving Unemployment Compensation <input type="checkbox"/> Eligible claimant referred by WPRS <input type="checkbox"/> Eligible claimant not referred by WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant nor exhaustee	<input type="checkbox"/> Verified
Number of Weeks unemployed: _____	Meets Long Term Unemployment Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current or most recent hourly rate of pay: \$ _____ <input type="checkbox"/> Verified
Farmworker Status: <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No		Type of Qualifying Farmwork: <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments
Dislocated Worker Information		
Projected Date of Layoff:	Actual Layoff Date: <input type="checkbox"/> Verified	
Dislocation Employer		
Employer Name _____		
Address 1: _____		
City: _____ State: _____ Zip Code: _____		
Dislocation Hourly Wage: \$ _____ <input type="checkbox"/> Verified		

Education Information			
Current Highest School Grade Completed: _____		<input type="checkbox"/> Verified	
School Status <input type="checkbox"/> In-school, H.S. or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post H.S.		<input type="checkbox"/> Not attending school, H.S. Dropout <input type="checkbox"/> Not attending school, H.S. Graduate <input type="checkbox"/> Verified	
Public Assistance			
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>			
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	State or Local Income based public assistance (General Assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Social Security Disability Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
Receiving or been notified will receive Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No			
Barriers to Employment			
Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Displaced Homemaker Verification required for Dislocated Worker Only</i>		Within 2 years of exhausting TANF lifetime eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian Native <input type="checkbox"/> Yes <input type="checkbox"/> No
Income:			
Due to individual's disability, they qualify as a Family of 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Size _____ <input type="checkbox"/> Verified	Annualized Family Income \$ _____ <input type="checkbox"/> Verified
Federal Initiatives			
Disability Employment Initiative (DEI)			
Perceived Barriers To Employment (Check all that the individual perceives as a barrier to employment.) <input type="checkbox"/> Limited Education <input type="checkbox"/> Limited Work History/Experience <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Language Barrier <input type="checkbox"/> No Child Care <input type="checkbox"/> Homeless <input type="checkbox"/> Disability		Ever on Supplemental Security Income (SSI) or Social Security Disability Insurance Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
Eligibility			
Applicant meets the definition for low income <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch. <input type="checkbox"/> Yes <input type="checkbox"/> No	
WIOA Formula Program Eligibility			
Adult Basic Career Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Basic Only	Youth <input type="checkbox"/> Yes, Out-of-School <input type="checkbox"/> Yes, In-School <input type="checkbox"/> No, Out-of-School <input type="checkbox"/> No, In-School Serve under 5% Exception <input type="checkbox"/> Yes

YOUTH		
(WIOA) Enrolled in education leading to a diploma, GED/High School Equivalency Diploma or Certificate (secondary, post-secondary, adult education or other organized program of study) – Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attending any school (per state definition) <i>excluding Adult Education</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Most Recent Date Attended Secondary School - Youth Only	
Within compulsory school age (<i>from AGE and system parameter</i>) and did not attend the most recent complete school year calendar quarter (<i>use most recent date attended secondary school</i>) Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		
<i>Individual currently meets the following:</i>		
Foster Child (State or local payments are made for applicant.) Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth currently living in high poverty area Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth currently receives or is eligible for Free or Reduced Lunch Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Barriers - Youth		
English language learner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Verification is only required for Youth</i>	High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Basic Skills Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Runaway Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth in, or aged-out of Foster Care Youth Only <input type="checkbox"/> No <input type="checkbox"/> Yes, currently in <input type="checkbox"/> Yes, aged out <input type="checkbox"/> Verified
Out-of-Home Placement Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	Eligible under Section 477 of the Social Security Act Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	Offender – individual has been arrested/convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Pregnant or parenting youth - Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth Requires Additional Assistance to complete an educational program or to secure/hold employment - Youth Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	

Signature for Confirmation

I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant's Signature

Parent/Guardian Signature

Staffs Signature