



## YOUTH WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) APPLICATION

Application Date: \_\_\_\_\_

### APPLICATION INFORMATION – THIS SECTION TO BE COMPLETED BY STAFF

Youth Eligibility Date \_\_\_\_\_ ☐ ISY ☐ OSY

### CONTACT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

### ALTERNATE OR EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Registered for the Selective Service: ☐ Yes ☐ No

Authorization to Work in the U.S.: ☐ U.S. Citizen ☐ U.S. Passport ☐ Unexpired Foreign Passport w/ I-551 Stamp  
☐ Permanent Resident Alien Card ☐ Registration Receipt Card  
☐ Unexpired Employment Authorization Document

Considered to be of Hispanic Heritage: ☐ Yes ☐ No

Race/Ethnicity: ☐ African American/Black  
☐ American Indian/Alaskan Native  
☐ Asian ☐ White  
☐ Hawaiian/ Other Pacific Islander  
☐ I do not wish to answer

### Considered to have a Disability:

☐ Yes ☐ No

☐ Participant did not self-identify

If "No" or Participant did not self-identify  
Skip to Transitioning Service Member

**select documentation used to verify →**

- ☐ Letter from child study team stating specific disability
- ☐ Letter from drug or alcohol rehabilitation agency
- ☐ Medical Records
- ☐ Observable and/or obvious conditions (applicant statement with the Interviewer serving as the corroborating witness)
- ☐ Social Security Administration Disability Records
- ☐ Physician's Statement ☐ Psychiatrist's Statement
- ☐ School Records ☐ Rehabilitation Evaluation
- ☐ Social Service Records ☐ Vocational Rehabilitation
- ☐ Other applicable documentation: \_\_\_\_\_

Did you have an IEP in school? ☐ YES ☐ NO

Section 504 plan? ☐ YES ☐ NO

**Category of Disability:**

- |   |   |
|---|---|
| <input type="checkbox"/> No Disability                | <input type="checkbox"/> Vision-related         |
| <input type="checkbox"/> Chronic Health Condition     | <input type="checkbox"/> Hearing Related        |
| <input type="checkbox"/> Physical Mobility Impairment | <input type="checkbox"/> Cognitive/Intellectual |
| <input type="checkbox"/> Mental or Psychiatric        | <input type="checkbox"/> Did Not Self-Identify  |

**Received Services from Vocational Rehabilitation:** ☐ Yes ☐ No
**EMPLOYMENT STATUS**

- ☐
- Working Full Time
- 
- ☐
- Working Part Time
- 
- ☐
- Not Working
- 
- ☐
- Never Worked
- 
- ☐
- Other

**INCOME INFORMATION**

Family size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

**PUBLIC ASSISTANCE***Individual or member of a family that is receiving, or in the past 6 months has received, the following:*Are you receiving TANF ☐ Yes ☐ NoAre you receiving Supplemental Security Income (SSI) ☐ Yes ☐ NoAre you receiving Refugee Cash Assistance (RCA) ☐ Yes ☐ NoAre you in a household receiving Food Stamps (SNAP) ☐ Yes ☐ NoAre you receiving or have you been notified you will be receiving the Pell Grant ☐ Yes ☐ No**Foster Child:** ☐ Yes ☐ No**Youth Currently Living in a High Poverty Area:** ☐ Yes ☐ No**Youth Currently Receives, or is Eligible to Receive, Free or Reduced Lunch under the Richard B. Russell National School Lunch Act:** ☐ Yes ☐ No**What are your future goals? Short term (less than a year) and long term (one year or more)****Education**

Short term \_\_\_\_\_

Long term \_\_\_\_\_

**Employment**

Short term \_\_\_\_\_

Long term \_\_\_\_\_

**Personal**

Short term \_\_\_\_\_

Long term \_\_\_\_\_

Dream Career 1 \_\_\_\_\_

Dream Career 2: \_\_\_\_\_

Dream Career 3: \_\_\_\_\_

**INDIVIDUAL BARRIERS**

- ☐ Yes   ☐ No   **English Language Learner**  
☐ Yes   ☐ No   **Basic Skills Deficient/Low Levels of Literacy**  
☐ Yes   ☐ No   **Are You Homeless?**  
☐ Yes   ☐ No   **Runaway**  
☐ Yes   ☐ No   **Youth in, or aged out of Foster Care:**  
☐ Yes   ☐ No   **Ex-Offender** – Individual has been arrested/convicted of a crime   **Felony** ☐ **Misdemeanor** ☐  
☐ Yes   ☐ No   **Pregnant/Parenting Youth**  
☐ Yes   ☐ No   **Requires Additional Assistance to complete an educational program or to secure/hold employment**  
☐ Yes   ☐ No   **Out of Home Placement:**  
☐ Yes   ☐ No   **Eligible under Section 477 of the Social Security Act:**

**EMPLOYMENT HISTORY**

*List current & previous employers for the past 10 years, starting with your most recent employer.*

Most Recent Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
 Hours per Week: \_\_\_\_\_ Shift: \_\_\_\_\_ ☐ Paid   ☐ Volunteer   ☐ Internship  
 Main Duties: \_\_\_\_\_  
 Equipment(s) Used: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for Leaving:   ☐ Laid off   ☐ Quit   ☐ Terminated   ☐ Other Employment   ☐ Other: \_\_\_\_\_  
 Explain Reason: \_\_\_\_\_

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 Equipment(s) Used: \_\_\_\_\_  
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 Reason for Leaving:   ☐ Laid off   ☐ Quit   ☐ Terminated   ☐ Other Employment   ☐ Other: \_\_\_\_\_  
 Explain Reason: \_\_\_\_\_

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 Explain Reason: \_\_\_\_\_

EDUCATION																			
<b>Employment Goal</b> _____																			
<b>Educational Goal</b> _____																			
Are you currently enrolled in a GED Program <input type="checkbox"/> Yes <input type="checkbox"/> No Have you passed any part of the GED <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which part of the of the GED did you pass: <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Social Studies																			
<b>Highest Education Level Completed:</b>  The highest level of education I have completed is: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19  List the name of other schools attended, include degree/certificates and areas of study: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 30%;"><u>School</u></th> <th style="text-align: center; width: 30%;"><u>Course of Study</u></th> <th style="text-align: center; width: 20%;"><u>Did You Graduate?</u></th> <th style="text-align: center; width: 20%;"><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td>_____</td> </tr> </tbody> </table>				<u>School</u>	<u>Course of Study</u>	<u>Did You Graduate?</u>	<u>Year</u>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____																

EDUCATION PARTNER SERVICES			
Receiving Services from Adult Education (WIOA Title II):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did Not Self-Identify
Receiving Services from YouthBuild	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did Not Self-Identify
Receiving Services from Job Corps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did Not Self-Identify
Receiving Services from Vocational Education (Carl Perkins)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did Not Self-Identify
Individualized Education Program Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did Not Self-Identify

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.  I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.			
_____ <div style="display: flex; justify-content: space-between;"> <span><b>Applicant Signature</b></span> <span><b>Date</b></span> </div>	_____ <div style="display: flex; justify-content: space-between;"> <span><b>Parent or Guardian Signature</b></span> <span><b>Date</b></span> </div>		

Name:

**MEDICAL AND DISABILITY RELATED RELEASE OF INFORMATION**

*Response is voluntary – only complete this form if you have an association with Rehabilitation Services which you wish to disclose.*

In accordance with 29 CFR 32.15(b)(1) and (2) (as incorporated by reference into the WIOA nondiscrimination regulations by 29 CFR 37.3(b)), before asking any applicant, employee, participant or other individual questions that may lead to the disclosure of any type of medical or disability-related information, please be informed:

- (1) Providing the information is voluntary
- (2) This information will be kept confidential as provided by laws
- (3) Refusal to provide the information will not subject the applicant, employee, or participant to any adverse treatment.
- (4) The information given will be used only in accordance with the law

All records containing medical or disability related information, including information relating to an individual's disability status are kept in separate files, apart from all other information about a particular individual; stored securely, with limited access.

**RELEASE OF INFORMATION:**

I authorize the release of my information to the Talent Development Specialist for the Workforce Innovation and Opportunity Act (WIOA) Program Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services, such as Rehabilitation Services. This authorization to gather information about me and share necessary and pertinent information about me is given with the understanding that the information will be used in a confidential and responsible manner.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

