



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

**Please download, complete, and email to LHarris@AtlantaGa.gov**

**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

<p><b>Considered to be of Hispanic Heritage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Race/Ethnicity:</b> <input type="checkbox"/> African American/Black  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Asian <input type="checkbox"/> White  <input type="checkbox"/> Hawaiian/ Other Pacific Islander  <input type="checkbox"/> I do not wish to answer</p>
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<p><b>Considered to have a Disability:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Participant did not self-identify                  If "No" or Participant did not self-identify                  Skip to Transitioning Service Member   <b>select documentation used to verify</b> →</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from child study team stating specific disability</li> <li><input type="checkbox"/> Letter from drug or alcohol rehabilitation agency</li> <li><input type="checkbox"/> Medical Records</li> <li><input type="checkbox"/> Observable and/or obvious conditions (applicant statement with the Interviewer serving as the corroborating witness)</li> <li><input type="checkbox"/> Social Security Administration Disability Records</li> <li><input type="checkbox"/> Physician's Statement <span style="float: right;"><input type="checkbox"/> Psychiatrist's Statement</span></li> <li><input type="checkbox"/> School Records <span style="float: right;"><input type="checkbox"/> Rehabilitation Evaluation</span></li> <li><input type="checkbox"/> Social Service Records <span style="float: right;"><input type="checkbox"/> Vocational Rehabilitation</span></li> <li><input type="checkbox"/> Other applicable documentation: _____</li> </ul>
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**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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Refugee Cash Assistance (RCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in a household receiving Food Stamps (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving or have you been notified you will be receiving the Pell Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Foster Child:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth Currently Living in a High Poverty Area:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth Currently Receives, or is Eligible to Receive, Free or Reduced Lunch under the Richard B. Russell National School Lunch Act:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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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 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: \_\_\_\_\_  
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 Main Duties: \_\_\_\_\_  
 Equipment(s) Used: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for Leaving:    Laid off    Quit    Terminated    Other Employment    Other: \_\_\_\_\_  
 Explain Reason: \_\_\_\_\_

**EDUCATION**

Employment Goal \_\_\_\_\_

Educational Goal \_\_\_\_\_

Are you currently enrolled in a GED Program  Yes  No

Have you passed any part of the GED  Yes  No

If yes, which part of the of the GED did you pass:  Science  Math  Language Arts  Social Studies

**Highest Education Level Completed:**

The highest level of education I have completed is:

- 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19

List the name of other schools attended, include degree/certificates and areas of study:

<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	_____

**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.

_____ <b>Applicant Signature</b>	_____ <b>Date</b>	_____ <b>Parent or Guardian Signature</b>	_____ <b>Date</b>
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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.

_____	_____	_____	_____
<b>Applicant Signature</b>	<b>Date</b>	<b>Parent or Guardian Signature</b>	<b>Date</b>

