WIOA Application

Social Security Number (last 4 digits): XXX-XX-		
Last Name:	**First Name:**	
Physical Address:		
Mailing Address (if different from physical):		
City:	**State:**	**Zip:**
Phone: Home	**Cell**	**E-mail:**

SEEKER DEMO 1 TAB	**DATE OF BIRTH:** **DV Element**
	GENDER: ☐Male ☐ Female ☐Not Answered
	RACE: ☐American Indian or Alaska Native ☐Asian ☐Native Hawaiian or other Pacific Islander ☐Black or African American ☐White
	OFFENDER: ☐Yes ☐No
	ETHNICITY: ☐Hispanic ☐Non-Hispanic ☐Undeclared
	MIGRANT SEASONAL WORKER: ☐No ☐Dependent ☐Seasonal Farmworker ☐Migrant and Seasonal Farmworker
	DISABLITY: ☐Yes ☐No ☐Not Answered
	CATEGORY OF DISABILITY: ☐Physical/Chronic ☐Vision-related ☐Cognitive ☐ Physical/Mobility ☐Hearing-related ☐Mental or Psychiatric ☐Learning
SEEKER GENERAL TAB	**VETERAN INFORMATION:** **DV Element** **DD-214 VERIFIED:** ☐Yes ☐No **SERVED FROM:**_____ **SERVED TO:** _____
SEEKER DETAILS TAB	**EDUCATION INFORMATION:** **DV Element Youth Only** ☐Not Attending School-H.S. Graduate ☐In School, H.S. or Less ☐In School, Post H.S. ☐Not Attending School-H.S. Dropout ☐In School, Alternative School
	HIGHEST GRADE COMPLETED: **SCHOOL YEARS:** **OUTCOME:**
	PRE-PROGRAM EMPLOYMENT STATUS: **DV Element** ☐Employed ☐Not Employed ☐Not in Labor Force ☐Employed but received notice of termination of Employment or Military Separation
	UNEMPLOYMENT INSURANCE CLAIM STATUS: ☐Claimant Referred by RESEA (WPRS) ☐Exhausted ☐Claimant Not Referred by RESEA (WPRS) ☐Neither Claimant Nor Exhausted
SEEKER DEMO 2 TAB	☐Homeless ☐Low Income ☐Low Level Literacy ☐Single Parent ☐Underemployed ☐English Language Learner ☐Cultural Barriers ☐Other Significant Barrier
	VET STATUS: **DV Element** ☐N-None ☐V-Veteran ☐S->30% Disabled ☐D-<30% Disabled ☐O-Other Eligible Person
ASSESSMENT EDUCATION TAB	**PELL GRANT RECIPIENT:** ☐Yes ☐No
ASSESSMENT SCREEN SUPPORT SYSTEM TAB	**SUPPORT CONTACTS:** **CONTACT NAME/RELATION:** **PHONE:**
	CONTACT NAME/RELATION: **PHONE:**
ELIGIBILITY SCREEN APPLICATION TAB	**FAMILY SIZE:** **# PARTICIPANT'S DEPENDENTS 18 & UNDER:**
	MONTHLY FAMILY INCOME:
	US CITIZEN ☐Yes ☐No
	SELECTIVE SERVICE (MALE BORN AFTER 12/31/59): ☐Yes Registered Male ☐No Not a Registered Male ☐Exempt – Including Females
	LAYOFF DATE (MONTH/DAY/YEAR): ☐NA **DV Element**
	EMPLOYER/COMPANY NAME: ☐NA
	BASIC SKILLS DEFICIENT: ☐Yes ☐No **DV Element**
	FREE LUNCH (YOUTH ONLY): ☐Yes ☐No ☐NA **DV Element**

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ELIGIBILITY ELIGIBILITY TAB	
	SNAP BENEFITS IN LAST 6 MONTHS: ☐Yes ☐No — DV Element
	RECEIVING TANF: ☐Yes ☐No — DV Element
	EXHAUSTING TANF BENEFITS: ☐Yes ☐No
	RECEIVING SSI: ☐Yes ☐No
	RECEIVING GA/RCA/ACA MEDICAID: ☐Yes ☐No
	RECEIVING SSDI: ☐Yes ☐No
	DISLOCATED WORKER: ☐NA ☐Major Layoff ☐Military Spouse ☐Displaced Homemaker (WIOA) ☐Individual Layoff ☐Self Employed
	STATE DISPLACED HOMEMAKER ☐Yes ☐No

YOUTH ONLY ELIGIBILITY	OUT OF SCHOOL YOUTH (16-24)	IN SCHOOL YOUTH (14-21)
		☐LOW-INCOME AND
	A. BARRIERS	*ONE OF THE FOLLOWING*
	☐DROP OUT	BARRIERS
	☐COMPULSORY AGE/NOTE ATTENDING SCHOOL	
	☐OFFENDER	☐BASIC SKILLS DEFICIENT
	☐HOMELESS	☐ENGLISH LANGUAGE LEARNER
	☐RUNAWAY	☐OFFENDER
	☐FOSTER CHILD	☐HOMELESS
	☐AGED OUT OF FOSTER CARE	☐RUNAWAY
	☐LIKELY TO REMAIN IN FOSTER CARE UNTIL 18	☐FOSTER CHILD
	☐FOSTER CHILD OUT OF HOME PLACEMENT	☐AGED OUT OF FOSTER CARE
	☐PREGNANT OR PARENTING	☐LIKELY TO REMAIN IN FOSTER CARE UNTIL 18
	☐DISABILITY	☐FOSTER CHILD OUT OF HOME PLACEMENT
		☐PREGNANT OR PARENTING
	B. OR	☐DISABILITY
	☐LOW-INCOME AND *ONE OF THE FOLLOWING*	☐NEEDS ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM
	☐NEEDS ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM	☐NEEDS ADDITIONAL ASSITANCE TO SECURE AND HOLD EMPLOYMENT
	☐NEEDS ADDITIONAL ASSISTANCE TO SECURE AND HOLD EMPLOYMENT	
	☐HAS A SECONDARY SCHOOL DIPLOMA AND IS BASIC SKILLS DEFICIENT	OR
	☐HAS A SECONDARY SCHOOL DIPLOMA AND IS AN ENGLISH LANGUAGE LEARNER	
	C. OR	
	☐5% LOW-INCOME EXCEPTION (PM APPROVAL)	☐5% LOW-INCOME EXCEPTION (PM APPROVAL)

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file and complaint.

_____

Signature of Applicant **Printed Name of Applicant** **Date**

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Signature of Interviewer **Printed Name of Interviewer** **Date**