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| **ELIGIBILITY INFORMATION** | | | |
| **Application Date** |  | **Adult Eligibility** | |
| **Local Area/Region** |  | **Dislocated Worker Eligibility** | |
| **Office Location** |  | **Eligibility Date** |  |

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| **CONTACT INFORMATION** | | |
| **First Name** |  |  |
| **Middle Initial** |  |  |
| **Last Name** |  |  |
| **S.S. Number** |  | DD-214 Report of Transfer or Discharge  Employment Records  IRS Form Letter 1722  Letter from Social Service agency  Pay Stub  Social Security Benefits  Social Security Card  W-2 Form  Letter/Printout from Social Security Office  Public Assistance Record/Printout  Agency Award Letter  Telephone Verification  Unemployment Wage Records  Other Applicable Documentation |
| **Address** |  | Voter Registration Card  Computer Printout from Government Agency  Driver’s License  Food Stamp Award Letter  Homeless – Primary Nighttime Residence  Housing Authority Verification  Insurance Policy (Residence and Auto  Landlord Statements  Lease  Letter from Social Service Agency or School  Library Card  Medicaid/Medicare Card  Phone Directory  Property Tax Record  Public Assistance Records  Rent Receipt  School Identification Card  Selective Service Registration Card  Utility Bill  Applicant Statement w/ Witness  Postmarked Mail Addressed to Applicant  Other Applicable Documentation (specify) |
| **City** |  |
| **State** |  |
| **Zip Code** |  |
| **Country** |  |
| **Phone Number** |  | Home  Mobile |
| **Email Address** |  | |

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| **ALTERNATIVE CONTACTS** | | | | |
| **Alternate Contacts:** | Contact Name |  | Contact Name |  |
| Address |  | Address |  |
| City |  | City |  |
| State |  | State |  |
| Zip |  | Zip |  |
| Phone # |  | Phone # |  |
| Email Address |  | Email Address |  |
| Relationship |  | Relationship |  |

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| **DEMOGRAPHIC INFORMATION** | | |
| **Date of Birth** |  | Baptismal Record with Date of Birth  Birth Certificate  DD-214  Driver’s License  Federal, State, or Local Government ID Card  Hospital Birth Record  Passport  Public Assistance/Social Service Record  School Records/Identification  Other Applicable Documentation (specify) |
| **Gender** | Male  Female |  |
| **Registered for the Selective Service?** | Not Applicable  Yes  No | Not Applicable  Selective Service Acknowledgement Letter  Contact Selective Service (847) 688-6888  DD-214  Selective Service Status Information Letter  Selective Service Registration Record (Form 3A)  Selective Service Verification Form  Stamped Post Office Receipt of Registration  Selective Service Request for Registration Acknowledgement Letter  Internet [www.sss.gov](http://www.sss.gov)  Selective Service Registration Card |
| **Selective Service Registration #** |  |  |
| **Selective Service Registration Date** |  |  |
| **Authorization to Work in US** | Citizen of U.S. or U.S. Territory  U.S. Permanent Resident  Alien/Refugee Lawfully Admitted to the U.S.  None of the Above | Alien Registration Card (USCIS Forms I-151, I-551, I-94, I-668A, I-197, I-179)  Baptismal Certificate with Place of Birth  Birth Certificate  DD-214  Food Stamps Records  Foreign Passport Stamped Eligible to Work  Hospital Birth Record  Naturalization Certification  Public Assistance Records  Documentation from List A or B & C from I-9  Native American Tribal Document  Alien Registration Card Indication Right to Work  Other Applicable Documentation (specify) |
| **Considered to be of Hispanic Heritage?** | Yes  No |  |
| **Race/Ethnicity** | African American/Black  American Indian/Alaskan Native  Asian  Hawaiian/Other Pacific Islander  White  I do not wish to answer. |  |
| **Considered to have a disability?** | Yes  No | Letter from drug/alcohol rehabilitation agency  Letter from child study team stating specific disability  Medical Records  Social Service Records/Referral  Physician’s Statement  Psychologist’s Diagnosis  Rehabilitation Evaluation  School Records  Sheltered Workshop Certification  Workers’ Compensation Record  Social Security Admin. Disability Records  Veterans Administration Letter/Records  Vocational Rehabilitation Letter  Other Applicable Documentation (specify) |
| **Type of Disability** | Physical Impairment  Mental Impairment  Individual did not disclose |  |
| **Transitioning Service Member?** | Yes  No |  |
| **Type of Transitioning Service Member** | Not Applicable  Within 24 months of retirement  Within 12 months of discharge |  |
| **Estimated Discharge Date** |  |  |

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| **VETERAN INFORMATION** | | |
| **Eligible Veteran Status** | Yes - <= 180 days  Yes – Eligible Veteran  Yes – Other Eligible Person  No | DD-214  Military Document (ID, other DD form) indicating dependent spouse  VA records/printout  Other Applicable Documentation (specify) |
| **Served more than 1 tour of duty** | Yes  No |  |
| **Military Service Entry Date** |  |  |
| **Military Service Discharge Date** |  |  |
| **Campaign Veteran** | Yes  No |  |
| **Disabled Veteran** | Yes – Disabled  Yes – Special Disabled (greater than 30%)  No |  |
| **Recently Separated Veteran (within the last 48 months)** | Yes  No |  |
| **Attended a Transition Assistance Program (TAP) workshop within the last 3 years** | Yes  No |  |

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| **EMPLOYMENT INFORMATION** | | |
| **Employment Status** | Employed  Employed – but received notice of termination of employment or military separation  Not Employed |  |
| **If Employed, Individual is Under-Employed** | Yes  No |  |
| **Receiving Unemployment Compensation** | No – Neither Claimant nor Exhaustee  Yes – Claimant Referred by RSO  Yes – Claimant Not Referred by RSO  Yes – Exhaustee  Unknown | UI Records (Payment History)  UI Eligibility Letter |
| **Meets Long Term Unemployment Definition** | Yes  No |  |
| **Current or Most Recent Hourly Rate of Pay** |  |  |
| **Occupation of Most Recent Employment Prior to WIOA Participation** |  |  |
| **Farmworker Status** | Farmworker  Migrant  Migrant Farmworker  No |  |
| **Type of Qualifying Farmwork** | Agricultural Production and Services  Food Processing Establishments |  |

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| **DISLOCATED WORKER INFORMATION** | | | | | | | |
| **Dislocated Worker Category** | Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.  Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings *or* the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.  Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the permanent closure of *or* substantial layoff at a plant, facility or enterprise.  Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.  Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.  Category 6: Displaced Homemaker. An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed *and* is experiencing difficulty in obtaining or upgrading employment.  Category 7: The spouse of a member of the Armed Forces on active duty, *and* who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.  Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed *and* is experiencing difficulty in obtaining or upgrading employment. | | | | | 1 or 2: Separation Notice  1 or 2: UC Records  1 or 2: LMI Data  3: WARN Notice or letter of authorization from the State WIOA Administrative Department  4: Documentation of “General Announcement”  5: Receipt of Notice of foreclosure or intent to foreclose  5: Proof of failure of the farm, business or ranch to return a profit during preceeding 12 months  5: Entry of individual into bankruptcy proceedings  5: Inability to make payments on loans secured by tangible business assets  5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business  5: Other events indicative of the likely insolvency of the farm, ranch or business  6: Is verified in Barriers – Displaced Homemaker  7: Case file documents active duty Armed Forces spouse employment loss related to duty station change  8: Case file documents active duty Armed Forces spouse is unemployed/underemployed and having difficulty obtaining/upgrading employment.  1-8: Other Applicable Documentation (specify) | |
| **Projected Layoff Date** |  | | | | |  | |
| **Actual Layoff Date (if date is in the future, leave empty)** | | |  | | |  | |
| **Attended a Group Orientation (Rapid Response)** | | | Yes  No | | |  | |
| **Dislocation Event** |  | | | | |  | |
| **Dislocation Employer Information** | | **Employer Name** | | |  | | |
| **Address 1** | | |  | | |
| **Address 2** | | |  | | |
| **City** | | |  | | |
| **State** | | |  | | |
| **Zip Code** | | |  | | |
| **Dislocation Hourly Wage** | | |  | | |
| **EDUCATION INFORMATION** | | | | | | | |
| **Current Highest School Grade Completed (from Registration)** | | | | No School Grade Completed  1st Grade Completed  2nd Grade Completed  3rd Grade Completed  4th Grade Completed  5th Grade Completed  6th Grade Completed  7th Grade Completed  8th Grade Completed  9th Grade Completed  10th Grade Completed  11th Grade Completed  12th Grade Completed & Did not Receive Diploma  High School Equivalency Diploma  High School Diploma  1 year at College/Technical/Vocational School  2 years at College/Technical/Vocational School  3 years at College/Technical/Vocational School  Vocational School Certificate  Associate’s Degree  Bachelor’s Degree  Master’s Degree  Doctorate Degree  Specialized Degree (e.g. MD, DDS) | | | Self-Attestation  Copy of Diploma or GED  School Records |

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| **PUBLIC ASSISTANCE** | | | |
| ***Individual or member of a family that is receiving, or in the past 6 months has received, the following:*** | | | |
| **TANF** | | Yes  No | Public assistance records/printout  Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Public assistance information card showing cash grant status  Statement from Social Service Agency  Refugee Assistance Records  Self-Certification Form  Telephone Verification  Other Applicable Documentation (specify) |
| **Supplemental Security Income (SSI)** | | Yes  No | Public assistance records/printout (SSI)  Copy of authorization to receive cash public assistance (SSI)  Copy of public assistance check (SSI)  Medical card showing cash grant status (SSI)  Public assistance information card showing cash grant status (SSI)  Statement from Social Service Agency (SSI)  Other Applicable Documentation (specify) |
| **State or Local Income-Based Public Assistance (General Assistance)** | | Yes  No | Public assistance records/printout  Copy of authorization to receive cash public assistance  Copy of public assistance check  Medical card showing cash grant status  Public assistance information card showing cash grant status  Statement from Social Service Agency  Other Applicable Documentation (specify) |
| **Supplemental Nutrition Assistance Program (SNAP)** | | Yes  No | Current authorization to obtain food stamps  Current food stamp receipt  Food stamp card with current date  Letter from food stamp disbursing agency  Public assistance records/printout  Telephone Verification  Other Applicable Documentation (specify) |
| **Refugee Cash Assistance (RCA)** | | Yes  No | Public assistance records/printout  Copy of authorization to receive cash public assistance  Public assistance identification card showing cash grant status  Statement from Social Service agency  Other Applicable Documentation (specify) |
| ***Individual receives, or in the last 6 months received:*** | | | |
| **Receiving Social Security Disability Insurance (SSDI)** | | Yes  No | Public assistance records/printout  Copy of public assistance check  Public assistance information card showing cash grant status  Statement from Social Service Agency  Other Applicable Documentation (specify) |
| ***Individual currently meets the following:*** | | | |
| **Receiving, or has been notified will receive, Pell Grant** | Yes  No | |  |

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| **INDIVIDUAL BARRIERS** | | | | | |
| **English Language Learner** | | Yes  No | | | Test Scores  Staff Observation  Other Applicable Documentation (specify) |
| **Basic Skills Deficient** | | Yes  No | | | Copy of any generally accepted standardized test  Other indication that the applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level  Other Applicable Documentation (specify) |
| **Homeless** | | Yes  No | | | Written statement from shelter  Written statement from an individual providing temporary assistance  Written statement from Social Service agency  Applicant Statement/Self Attestation, in limited cases  Telephone Verification  Other Applicable Documentation (specify) |
| **Offender – individual has been arrested/convicted of a crime** | | Yes  No | | | Police records  Court documents  Halfway house resident  Letter of parole  Letter from probation officer  Telephone Verification  Other Applicable Documentation (specify) |
| **BARRIERS TO EMPLOYMENT** | | | | | |
| **Displaced Homemaker** | Yes  No | | | Divorce decree or legal separation  Employer Statement  Statement from family member or ex-spouse of non-support (Notarized)  Applicant Statement and Unemployment Wage Record  Applicant Statement  Public Assistance Records  Applicant Statement of the continuous effort to seek employment and a recent job search that shows a minimum of ten (10) employer contacts documenting that a reasonable effort has been made to obtain employment  In depth assessment with Case Manager  Other Applicable Documentation (specify) | |
| **Within 2 years of exhausting TANF lifetime eligibility** | Yes  No | | |  | |
| **Hawaiian Native** | Yes  No | | |  | |
| **American Indian/Alaskan Native** | Yes  No | | |  | |
| **Single Parent (including single pregnant women)** | Yes  No | | |  | |
| **Individual facing substantial cultural barriers** | Yes  No | | |  | |
| **Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i)** | Yes  No | | |  | |
| **Meets Governor’s special barriers to employment** | Yes  No | | |  | |
| **INCOME INFORMATION** | | | | | |
| **Due to the individual’s disability, they qualify as a Family of 1** | | | Yes  No |  | |
| **Family Size** | | | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15 | Public Assistance/S.S. Agency Records  Birth Certificate  Decree of court  Disabled  Divorce Decree  Landlord Statement  Lease  Marriage Certificate  Most recent tax return supported by IRS documents (e.g. form letter 1722)  Public housing letter (if resident or waiting list)  Written statement from a publicly supported 24-hour care facility or institution (e.g. mental, prison)  Applicant Statement/Self Attestation, in limited cases  Telephone Verification  Other Applicable Documentation (specify) | |
| **Annualized Family Income** | | |  | Alimony Agreement  Unemployment Insurance documents and/or printout  Award letter from Veterans Administration  Compensation award letter  Court award letter  Employer statement/contact  Farm or business financial records  Housing authority verification  Pay stubs  Pension/Annuity statement  Public Assistance Records  Quarterly estimated tax for self-employed persons (Schedule C)  Social Security Benefits  Telephone Verification  Applicant Statement/Self Attestation, in limited cases  Business Financial Records  Workers’ Compensation Records  Other Applicable Documentation (specify) | |

FAMILY INCOME DATA

LIST ALL MEMBERS OF THE FAMILY WHO HAVE HAD INCOME IN THE PAST 26 WEEKS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FAMILY MEMBER | RELATIONSHIP | SOURCE/TYPE  OF INCOME | EXCLUDED INCOME  PAST 6 MONTHS | INCLUDED INCOME  PAST 6 MONTHS |
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EXPLAIN IF FAMILY INCOME TOTALS $0: TOTAL INCOME 6 MOS: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNUALIZED INCOME: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS:

APPLICANT CERTIFICATION

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide documents 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 and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

|  |  |
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| Signature of WIOA Applicant | Date |

I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual’s status at the time of the interview.

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| ***Signature of WIOA Case Manager*** | ***Date*** |

I certify that I have reviewed the source document(s) indicated or have made contact with the individual listed to verify eligibility of this customer.

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| ***Signature of Eligibility Reviewer*** | ***Date*** |