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| **ELIGIBILITY INFORMATION** | | | |
| **Application Date** |  | **In School Youth** | |
| **Local Area/Region** | Area IV – Shenandoah Valley | **Out of School Youth** | |
| **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** | | | United Stated | | |
| **Phone Number** | | |  | | | Home  Mobile | | | |
| **Email Address** | | |  | | | | | | | | | |
| **ALTERNATIVE CONTACTS** | | | | | | | | | |
| **Alternate Contacts:** | Contact Name |  | | | Contact Name | | | |  |
| Address |  | | | Address | | | |  |
| City |  | | | City | | | |  |
| State |  | | | State | | | |  |
| Zip |  | | | Zip | | | |  |
| Phone # |  | | | Phone # | | | |  |
| Email Address |  | | | Email Address | | | |  |
| Relationship |  | | | Relationship | | | |  |
| **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  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  Baptismal Certificate with Place of Birth  Birth Certificate  DD-214  Foreign Passport Stamped Eligible to Work  Hospital Birth Record  Naturalization Certification  Public Assistance Records (SNAP, TANF)  Documents 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** | | | |  | | |  | | | | |
| **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 | | |  | | | | |
| **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 Letter of Eligibility | | | | |
| **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 | | |  | | | | |
| **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 | | | |
| **School Status** | | | | In School – High School or Less  In School – Alternative School  In School – Post High School  Not Attending School or HS Dropout  Not Attending School  High School Graduate | | | | School Records (ages 16-17)  Attendance  Drop-out Letter (ages 16-17)  Applicant Statement or Attestation (age 18 >  Other Applicable Documentation (specify) | | |
| **Enrolled in education leading to a Diploma, ED/High School Equivalency Diploma or Certificate** | | | | Yes  No | | | |  | | |
| **Attending any School (per state definition) (ages 16-17)** | | | | Yes  No | | | | School Records  Other Applicable Documentation (specify) | | |
| **Most Recent Date Attended Secondary School** | | | |  | | | |  | | |
| **Within compulsory school age and did not attend the most recent complete school year calendar quarter** | | | | Yes  No | | | | School Records  Other Applicable Documentation (specify) | | |

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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  Statement from Social Service Agency  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) | |
| ***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  Statement from Social Service Agency  Other Applicable Documentation (specify) | |
| **Foster Child (State or local payments are made for applicant)** | Yes  No | Court Contact  Court Documentation  Medical Card  Verification of Payments made on behalf of child  Written Statement from State/Local Agency  Other Applicable Documentation (specify) | |
| **Youth currently living in a high-poverty area** | Yes  No | Staff verified based upon address  Other Applicable Documentation (specify) | |
| **Youth currently receives, or is eligible to receive, free or reduced lunch** | Yes  No | School Documentation  Self Attestation  Other Applicable Documentation (specify) | |
| **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  School record of reading and/or math skills determined within the previous 12 months of application  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  Self-Certification  Telephone Verification  Other Applicable Documentation (specify) | |
| **Runaway** | Yes  No | Written statement from Social Service agency  Written statement from an individual providing temporary residence  Written statement from shelter  Applicant Statement/Self Attestation, in limited cases  Other Applicable Documentation (specify) | |
| **Youth in, or aged out of, Foster Care** | Yes  No | Statement/Referral from Social Service agency  Foster care facility resident  Court/Guardianship documents  Applicant Statement/Self Attestation, in limited cases  Other Application 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  Applicant Statement/Self Attestation, in limited cases  Telephone Verification  Other Applicable Documentation (specify) | |
| **Pregnant/Parenting Youth** | Yes  No | School program for pregnant teens  Medical Card  Physician’s Note  Referrals from Official Agencies  Statement from Social Services agency  School Records  Birth Certificate  Hospital Record of Birth  Other Applicable Documentation (specify) | |
| **Youth Requires Additional Assistance to complete an educational program or to secure/hold employment** | Yes  No | LWDA/Region Definition  Individual Service Strategy  Case Notes  WIOA Registration  Self Attestation  State MIS | |
| **Out-of-Home Placement:** | Yes  No | Letter from appropriate state/local social service agency  Other Applicable Documentation (specify) | |
| **Eligible under Section 477 of the Social Security Act** | Yes  No | Public assistance records/printout  Copy of authorization to receive public cash assistance  Copy of public assistance check  Medical card showing cash grant status  Public assistance identification card showing cash grant status  Statement from Social Services agency  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 |  | |
| **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 |  | |

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| **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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FAMILY MEMBER | RELATIONSHIP | SOURCE/TYPE  OF INCOME | EXCLUDED INCOME  PAST 6 MONTHS | INCLUDED INCOME  PAST 6 MONTHS |
|  |  |  |  |  |
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LIST ALL MEMBERS OF THE FAMILY WHO HAVE HAD INCOME IN THE PAST 26 WEEKS.

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*** |
| ***Signature of Applicant’s Parent/Guardian (if under 18)*** | ***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. I also certify that I have reviewed the source document(s) indicated or have made contact with the individuals listed to verify eligibility for this customer.

|  |  |  |
| --- | --- | --- |
|  | |  |
| ***Signature of WIOA Case Manager*** | ***Print Name Date*** | |
|  |  | |
| ***Signature of Eligibility Reviewer*** | ***Print Name Date*** | |