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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/TYPEOF INCOME | EXCLUDED INCOMEPAST 6 MONTHS | INCLUDED INCOMEPAST 6 MONTHS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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.

|  |  |
| --- | --- |
|  |  |
| ***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*** |