



YOUNG ADULT PROGRAM APPLICATION
WIOA: Workforce Innovation and Opportunity Act

Office Use Only- Rcvd

GENERAL INFORMATION:

DATE: _____

Referred by _____

Social Security # _____ - _____ - _____ Gender: Male Female Date of Birth _____ / _____ / _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

Mailing Address (PO Box) _____

City _____ State _____ Zip Code _____ County _____

Phone (_____) _____ - _____ Atl. Phone (_____) _____ - _____ Message Phone: (_____) _____ - _____

Driver License

Learner Permit

E-mail Address: _____

Citizenship: US Citizen Registered Alien Refugee Other Legal Alien Other _____

Primary Language English Arabic Spanish Other _____

Race White Black or African American Hispanic or Latino
 Alaskan/American Indian Asian Hawaiian/Pacific Islander Other

Note: Ethnicity question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

EDUCATION

Out-of-School School district attended? _____

Diploma Earned: Regents Local HS Equivalency (GED)

CDOS Credential SACC Credential IEP None

Attended vocational school? Yes No _____

Some College/currently in College? Yes No

In-School Current school district? _____

Current grade level _____

What type of diploma do you expect when you graduate?

Regents Local CDOS SACC HS Equivalency (GED)

Attend Vocational School? Yes No _____

BARRIERS: Please respond to all questions

Did you **Drop Out** of High School: Yes No What grade? _____ What year? _____

Are you **behind grade level(s)** at high school? Yes No

Do/Did you have any of the following: IEP Learning Disability Emotional Disability Developmental Disability Physical Disability
 AIS 504 Other Health Impaired

List **accommodations** provided: _____

Are you **pregnant**? Yes No Due date _____ Are you a **parent**? Yes No

Are you **homeless** or a **run away**? Yes No Are you in **foster care**? Yes No Did you age out of **foster care**? Yes No

Are you a **veteran**? Yes No Are you a spouse of a veteran? Yes No

Have you ever been an **offender** involved with the adult or Juvenile Justice System or Probation (including PINS) or convicted of any felony or misdemeanor? Yes No If yes, what is your conviction? _____

If yes, who is your probation officer? _____

Have you ever been fired from a job? Yes No How long have you been looking for work? _____

If under 18 years of age, do you have a **Work Permit**? Yes No **Obtain work permits at your local school whether you attend or not

Males - If over 18 years of age, are you registered for the Selective Service? Yes No Registration # _____

****If No, you MUST register for the Selective Service in order to participate in WIOA programs.** Please register online at www.sss.gov/

INCOME INFORMATION FOR ELIGIBILITY:

The information in this section is used to determine eligibility for all **in-school individuals or out-of-school individuals** with the following eligibility barriers: Basic skills deficient English language learner Need help to finish education program Get/keep a job.

Documentation of all income to be provided at the eligibility interview. Eligibility for DSS financial assistance programs is proof that you are eligible (cash assistance, SNAP, Free & Reduced Lunch)

A. Family and Earnings: List all people living in the household who are related to you, the applicant, by blood, marriage, or adoption. List their age, relationship to the applicant, and if they have earnings, enter gross amount (Income before taxes and deductions). PLEASE INCLUDE YOURSELF ON THE FIRST LINE

Name _____	Age _____	Relationship <u>SELF</u>	Earnings \$ _____	per wk
Name _____	Age _____	Relationship _____	Earnings \$ _____	per wk
Name _____	Age _____	Relationship _____	Earnings \$ _____	per wk
Name _____	Age _____	Relationship _____	Earnings \$ _____	per wk
Name _____	Age _____	Relationship _____	Earnings \$ _____	per wk
Name _____	Age _____	Relationship _____	Earnings \$ _____	per wk

B. Other Income: Check all that apply and indicate the amount received monthly and who receives it.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by whom _____
<input type="checkbox"/> Cash Welfare Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by whom _____
<input type="checkbox"/> SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by whom _____
<input type="checkbox"/> HEAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by whom _____
<input type="checkbox"/> Free & Reduced Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No	by whom _____
<input type="checkbox"/> Social Security or Private Disability	\$ _____	by whom _____	
<input type="checkbox"/> Social Security Retirement Benefits	\$ _____	by whom _____	
<input type="checkbox"/> Alimony	\$ _____	by whom _____	
<input type="checkbox"/> Rental Income	\$ _____	by whom _____	
<input type="checkbox"/> Lifetime Workers Compensation	\$ _____	by whom _____	
<input type="checkbox"/> Private Retirement Pensions	\$ _____	by whom _____	
<input type="checkbox"/> Fixed Term Compensation	\$ _____	by whom _____	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	by whom _____	
<input type="checkbox"/> VA Retirement Pension	\$ _____	by whom _____	
<input type="checkbox"/> Death Benefits	\$ _____	by whom _____	
<input type="checkbox"/> Child Support	\$ _____	by whom _____	
<input type="checkbox"/> Unemployment Benefits	\$ _____	by whom _____	

Office Notes

Use this area for self-attestation from client or explanation of income information.

CERTIFICATION:

I/We certify that the information provided in this application packet is true to the best of my/our knowledge. I/We understand this information is used to determine eligibility and I/we may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment, I/we understand the applicant will be terminated from the program. If I am terminated as a result of falsifying information on this application, I/we understand I/we may also be prosecuted for fraud. My/Our signature serves as giving my/our permission to verify any and all information contained in this application and attached forms in the application packet. I/We acknowledge that I may be asked to provide follow-up information to assist in evaluation of this program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Required if applicant is under the age of 18

Eligibility Interviewer Signature _____ Date _____

YOUNG ADULT PROGRAM APPLICATION
WIOA: Workforce Innovation and Opportunity Act
Initial Assessment

SKILLS and INTERESTS

- List your skills and abilities you have learned in a job, at home, as a chore, or as a hobby. List any and all computer and technology skills.

- List your volunteer and/or community service performed: _____

- What are you really good at? _____

- What do you do in your spare time? _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Walk/jog | <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Baby-sit | <input type="checkbox"/> Read |
| <input type="checkbox"/> Make craft projects | <input type="checkbox"/> Play video games | <input type="checkbox"/> Play Sports | <input type="checkbox"/> Construct models, projects |
| <input type="checkbox"/> Work on cars/bikes | <input type="checkbox"/> Cook/bake | <input type="checkbox"/> Participate in youth groups | <input type="checkbox"/> Other _____ |

- Which do you prefer?

<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Assembly and Production	<input type="checkbox"/> Food Service
<input type="checkbox"/> Outdoor Maintenance	<input type="checkbox"/> Recreation Program	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Center for Disabled Adults/Youth
<input type="checkbox"/> Indoor Maintenance	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Other _____

CAREER INTEREST:

Which of the following high demand jobs are you interested in learning more about?

Advanced Manufacturing: HVAC Welding Optics Machining Auto Mechanic

Health Care: Home Health Aide (HHA) Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN) Registered Nurse (RN)

Agriculture Truck Driving Starting your own business

What additional skills and training do you need to obtain a job? _____

If you could have a job right now, what would it be? _____

What job do you want 5 years from now? _____ Why? _____

TRANSPORTATION: How will you get to a job or appointment? Bicycle Parents Own Car Public Transportation Walk

WORK HISTORY: (See Attached Resume)

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____