

Individuals Name \_\_\_\_\_

<p align="center"><b>Workforce Innovation and Opportunity Act (WIOA)</b></p> <p align="center"><b>Eligibility Application</b></p> <p align="center">Version Date - March 28, 2019</p>		SSN: _____	<input type="checkbox"/> Verified	
		LWDA: _____		
		Office: _____		
		Resp. Office: _____		
		Agency: _____		
		Application Date: _____		
Eligibility Dates:				
Adult Basic Career Services	Adult	Dislocated Worker	Youth	Incumbent Worker
Contact Information				
First Name _____ Middle: _____ Last Name: _____				
Residential Address: <i>Note – the address entered here will become the eligibility address which is captured on the application</i>			<input type="checkbox"/> Verified	
Line 1: _____				
Line 2: _____				
City: _____ State: _____ County/Parish: _____				
Zip Code: _____ Ward: _____ Community Area: _____				
Country: _____				
Primary Phone Number: _____ Ext. _____	Primary Phone Type (Select 1) <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Not identified <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone Mode (Select 1): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone		
Alternate Phone Number: _____ Ext. _____	Alternate Phone Type (Select 1) <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Not identified <input type="checkbox"/> Home <input type="checkbox"/> Other	Phone Mode (Select 1): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone		
Fax Phone: _____	Email: _____			
Mailing Address: <input type="checkbox"/> Check here if Mailing address is the same as residential address				
Line 1: _____				
Line 2: _____				
City: _____ State: _____ Zip Code: _____ Country: _____				

Individuals Name \_\_\_\_\_

Demographic Data	
<b>Date of Birth:</b> <input type="checkbox"/> Verified  <b>Age:</b>  	<b>Gender:</b>  Female  Male  I do not wish to answer
<b>Registered for the Selective Service:</b> <input type="checkbox"/> Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not Applicable Selective Service Registration #: _____ Registration Date: _____	
<b>Authorized to work in U.S.</b> Verified <input type="checkbox"/> <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No Alien/Visa Registration #: _____ Alien/Visa Expiration Date: _____	<b>Considered to be of Hispanic Heritage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not Provided  <b>Race</b> (multiple selections are allowed when I do not wish to answer is not selected): <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> I do not wish to answer
<b>Considered to have a disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify <b>Category of Disability:</b> <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Participant did not disclose type of disability  <i>Verification of Disability is not required for an Adult Basic Career Services Application</i>	Type of Disability (must be answered when Considered to have a disability is Yes): <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both a physical and mental impairment <input type="checkbox"/> Information Not Disclosed <b>Received services from a State Development Disabilities Agency (SSDA):</b> <input type="checkbox"/> SSDA <input type="checkbox"/> No <input type="checkbox"/> Unknown  <b>Received services from a State or Local mental health agency (LSMHA):</b> <input type="checkbox"/> LSMHA <input type="checkbox"/> No <input type="checkbox"/> Unknown  <b>Received services from a Home &amp; Community Based Service Provider under a State Medicaid (HCBS) Waiver:</b> <input type="checkbox"/> HCBS Waiver <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Disability Work Setting (CIE):</b> <input type="checkbox"/> Competitive Integrated Employment <input type="checkbox"/> Individual Supported Employment <input type="checkbox"/> Group Supported Employment <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Combination of two or more of the Above <input type="checkbox"/> Not Employed <input type="checkbox"/> Unknown

Individuals Name \_\_\_\_\_

	<p><b>Type of customized Employment Services Received:</b></p> <p><input type="checkbox"/> Discovery assessment services</p> <p><input type="checkbox"/> Developed a customized employment search plan</p> <p><input type="checkbox"/> Employer negotiation services</p> <p><input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services; No CES services</p> <p><input type="checkbox"/> Unknown</p> <p><b>Received Disability Financial Capability:</b></p> <p><input type="checkbox"/> Benefit planning services</p> <p><input type="checkbox"/> Financial capability/asset development services</p> <p><input type="checkbox"/> Benefit planning services and financial capability/asset development services</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><b>Section 504 Plan:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Received Services from Vocational Rehabilitation:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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**Veteran Data**

**Transitioning Service Member**

<p>Transitioning Service Member:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Type of Transitioning Service Member:</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Within 24 months of retirement</p> <p><input type="checkbox"/> Within 12 months of discharge</p>	<p>Estimated Discharge Date</p>
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**Veteran Information Service**

<p><b>Homeless Veteran:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Homeless Veterans' Reintegration Program Grantee #1:</b></p> <p><input type="checkbox"/> 30720 East TN Homeless Veteran's Reintegration</p> <p><input type="checkbox"/> 30650 Upper East TN Homeless Veterans Reintegration Program</p> <p><input type="checkbox"/> HV 32047 VOA Chattanooga; HV 32286 VOA Oak Ridge</p> <p><input type="checkbox"/> HV 32287 VOA Johnson City</p> <p><input type="checkbox"/> HV 32295 VOA Tazewell</p> <p><input type="checkbox"/> HV 32098 Pennyroyal</p> <p><input type="checkbox"/> None Selected</p> <p><b>Received Services from Veterans Voc. Rehab. (Chapter 31):</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Individuals Name \_\_\_\_\_

Eligible Veteran Status <input type="checkbox"/> Verified <input type="checkbox"/> Yes <= 180 Days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No <i>Verification of Eligible Veteran Status is not required for an Adult Basic Career Services Application</i>		Served more than 1 tour of duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Begin Date 1:	Discharge Date 1:
		Begin Date 2:	Discharge Date 2:
		Begin Date 3:	Discharge Date 3:
Campaign Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled(30% or greater) <input type="checkbox"/> No	Recently separated veteran (within the last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attended a Transition Assistance Program (TAP) Workshop within the last 3 years: <i>Must be answered for Transitioning Service Members and Veterans</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment</b>			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <input type="checkbox"/> Verified <i>Verification of Employment Status is not required for an Adult Basic Career Services Application</i>			
If employed, individual is under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <i>Not required for the Adult Basic Career Services Application</i>	Receiving Unemployment Compensation <input type="checkbox"/> Eligible claimant referred by WPRS <input type="checkbox"/> Eligible claimant not referred by WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant nor exhaustee <i>Verification of UC Status is not required for an Adult Basic Career Services Application</i>	<input type="checkbox"/> Verified <b>Claimant was referred by:</b> <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> N/A	
Number of Weeks unemployed: _____ <i>Not required for the Adult Basic Career Services Application</i>	Meets Long Term Unemployment Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Not required for the Adult Basic Career Services Application</i>	Current or most recent hourly rate of pay: \$ _____ <input type="checkbox"/> Verified <i>Not required for the Adult Basic Career Services Application</i>	
Occupation of Most recent Employment prior to WIA/WIOA participation (if available)			
Onet Code and title: _____			
Farmworker Status: <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No		Type of Qualifying Farmwork: <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments	

Individuals Name \_\_\_\_\_

Dislocated Worker Information *The following prompts are only required for Dislocated Worker Eligibility*

Dislocated Worker Category:  Verified

**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.

**Category 12: Dislocated Worker Grant (DWG) eligibility:** Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.

None of the above. Individual does not meet the definition of Dislocated Worker.

Projected Date of Layoff

Actual Layoff Date *If date is in the future, please leave blank until actual layoff date.*  Verified

Individuals Name \_\_\_\_\_

Attended Group Orientation ( <i>Rapid Response</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	Most Recent Date Attended Rapid Response Service	Dislocation Event #
Dislocation Employer Employer Name _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____		
Dislocation Hourly Wage: \$ _____ <input type="checkbox"/> Verified		
Layoff Industry NAICS Code/Title: _____		
Layoff Occupation Code O*Net Code/Title: _____		
Declining Industry: <input type="checkbox"/> Yes <input type="checkbox"/> No	If working, job lacks opportunity to advance or have a wage gain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Information		
<b>Current Highest School Grade Completed (from registration)</b>		
<input type="checkbox"/> No School Grades Completed <input type="checkbox"/> 2 <sup>nd</sup> Grade Completed <input type="checkbox"/> 4 <sup>th</sup> Grade Completed <input type="checkbox"/> 6 <sup>th</sup> Grade Completed <input type="checkbox"/> 8 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> Grade Completed <input type="checkbox"/> 12 Grade Completed & Did not receive diploma or equivalent <input type="checkbox"/> High School Diploma <input type="checkbox"/> 2 Years of College or a Technical or Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> 1 <sup>st</sup> Grade Completed <input type="checkbox"/> 3 <sup>rd</sup> Grade Completed <input type="checkbox"/> 5 <sup>th</sup> Grade Completed <input type="checkbox"/> 7 <sup>th</sup> Grade Completed <input type="checkbox"/> 9 <sup>th</sup> Grade completed <input type="checkbox"/> 11 <sup>th</sup> Grade completed <input type="checkbox"/> High School Equivalency Diploma <input type="checkbox"/> 1 year of College or a Technical or Vocational School <input type="checkbox"/> 3 Years of College or a Technical or Vocational School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)		
<b>Federally Reported Highest Grade Completed</b> <input type="checkbox"/> Verified <i>Verification of Highest Grade Completed is not required for an Adult Basic Core Application</i>		
<input type="checkbox"/> No School Grades Completed <input type="checkbox"/> 2 Elementary/Secondary school grades completed <input type="checkbox"/> 4 Elementary/Secondary school grades completed <input type="checkbox"/> 6 Elementary/Secondary school grades completed <input type="checkbox"/> 8 Elementary/Secondary school grades completed <input type="checkbox"/> 10 Elementary/Secondary school grades completed <input type="checkbox"/> 12 Elementary/Secondary school grades completed <input type="checkbox"/> Attained GED or Equivalent <input type="checkbox"/> 1yrs of College or FT Technical or Vocational School <input type="checkbox"/> 2 yrs of College or FT Technical or Vocational School <input type="checkbox"/> 3 yrs of college or FT Technical or Vocational school <input type="checkbox"/> Attained Associates Diploma or Degree <input type="checkbox"/> Bachelor's degree or equivalent <input type="checkbox"/> 1 Elementary/Secondary school grades completed <input type="checkbox"/> 3 Elementary/Secondary school grades completed <input type="checkbox"/> 5 Elementary/Secondary school grades completed <input type="checkbox"/> 7 Elementary/Secondary school grades completed <input type="checkbox"/> 9 Elementary/Secondary school grades completed <input type="checkbox"/> 11 Elementary/Secondary school grades completed <input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained Certificate of Attendance/Completion <input type="checkbox"/> Attained other Post-Secondary Degree or Certification <input type="checkbox"/> Education beyond a Bachelor's degree		
<b>School Status</b> <input type="checkbox"/> Verified <i>Verification is not required on Adult Basic Career Services Application</i>		
<input type="checkbox"/> In-school, H.S. or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post H.S. <input type="checkbox"/> Not attending school, H.S. Dropout <input type="checkbox"/> Not attending school, H.S. Graduate		
Enrolled in education leading to a diploma, GED/High School Equivalency Diploma or Certificate ( <i>secondary, post-secondary, adult education or other organized program of study</i> ) – <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Individuals Name \_\_\_\_\_

Attending any school (per state definition) <i>excluding Adult Education</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Most Recent Date Attended Secondary School <b>Youth Only</b>	
Within compulsory school age ( <i>from AGE and system parameter</i> ) and did not attend the most recent complete school year calendar quarter ( <i>use most recent date attended secondary school</i> ) <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		
<b><u>Education Partner Services</u></b>		
<b>Receiving services from Adult Education (WIOA Title II):</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-identify		
<b>Receiving services from YouthBuild:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-identify		
<b>YouthBuild Grant Number (If unknown, enter all 9s.):</b> _____		
Format: AA-99999-99-99-A-99		
<b>Receiving services from Job Corps:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-identify		
<b>Receiving services from Vocational Education (Carl Perkins):</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-identify		
<b>Individualized Education Program Participant:</b>		
<input type="checkbox"/> Current IEP		
<input type="checkbox"/> Previous IEP		
<input type="checkbox"/> Not Applicable		
Public Assistance <i>The following prompts are not required for Adult Basic Career Services Application</i>		
<b><i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i></b>		
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	State or Local Income based public assistance ( <i>General Assistance</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Social Security Disability Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
<b><i>Individual currently meets the following:</i></b>		
Foster Child ( <i>State or local payments are made for applicant.</i> ) <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth currently living in high poverty area <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth currently receives or is eligible for Free or Reduced Lunch <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Receiving or been notified will receive Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No		

Individuals Name \_\_\_\_\_

<b>Refugee Cash Assistance (RCA) recipient:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>RCA Recipient Type:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown <b>Individual receives, or in the last 6 months, received:</b> <b>Social Security Disability Insurance (SSDI) recipient:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Receiving Services under SNAP Employment and Training Program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Receiving, or has been notified will receive, Pell Grant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ticket-to-Work Holder issued by Social Security Administration:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Barriers <i>The following prompts are not required for Adult Basic Career Services Application</i></b>		
English language learner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Verification is only required for Youth</i>	High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Basic Skills Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Runaway <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Youth in, or aged-out of Foster Care <b>Youth Only</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, currently in <input type="checkbox"/> Yes, aged out <input type="checkbox"/> Verified
Out-of-Home Placement <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	Eligible under Section 477 of the Social Security Act <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	Offender – individual has been arrested/convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
Pregnant or parenting youth - <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Youth Requires Additional Assistance to complete an educational program or to secure/hold employment - <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
<b>Barriers to Employment <i>The following prompts are not required for Adult Basic Core Only Application</i></b>		
Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Displaced Homemaker Verification required for Dislocated Worker Only</i>	Within 2 years of exhausting TANF lifetime eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian Native <input type="checkbox"/> Yes <input type="checkbox"/> No
Single Parent (including single pregnant women) <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual facing substantial cultural barriers <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible migrant seasonal farmworker as defined in WIOA Sec 167(i) <input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Governors special barriers to employment <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Income:</b>		
Due to individual's disability, they qualify as a Family of 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Size _____ <input type="checkbox"/> Verified	Annualized Family Income \$ _____ <input type="checkbox"/> Verified



Individuals Name \_\_\_\_\_

Federal Initiatives	
<b>Disability Employment Initiative (DEI)</b>	
Perceived Barriers To Employment (Check all that the individual perceives as a barrier to employment.) <input type="checkbox"/> Limited Work History/Experience  <input type="checkbox"/> Ex-Offender  <input type="checkbox"/> Substance Abuse  <input type="checkbox"/> Language Barrier  <input type="checkbox"/> No Child Care  <input type="checkbox"/> Homeless  <input type="checkbox"/> Disability  <input type="checkbox"/> None	Ticket To Work Participant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Ever on Supplemental Security Income (SSI) or Social Security Disability Insurance Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	Currently or Previously Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Current or most recent hourly rate of pay \$ _____	Most Recent Job Title: _____
Begin Date of Most Recent Job _____	End Date of Most Recent Job _____
Hours per Week at Most Recent Job: _____	Benefits at Most Recent Job (Check all that apply.) <input type="checkbox"/> None <input type="checkbox"/> Health insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave <input type="checkbox"/> Flexible Work Schedule <input type="checkbox"/> Telework <input type="checkbox"/> Customized Employment <input type="checkbox"/> Job Sharing <input type="checkbox"/> Other  Other Description : _____

Individuals Name \_\_\_\_\_

Eligibility			
Applicant meets the definition for low income <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch. <input type="checkbox"/> Yes <input type="checkbox"/> No	
WIOA Formula Program Eligibility			
Adult Basic Career Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Basic Only	Youth <input type="checkbox"/> Yes, Out-of-School <input type="checkbox"/> Yes, In-School <input type="checkbox"/> No, Out-of-School <input type="checkbox"/> No, In-School  Serve under 5% Exception <input type="checkbox"/> Yes
WIOA Grant Eligibility			
National Dislocated Worker Grant NDWG (formerly NEG) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Adult Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Dislocated Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Youth Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Statewide Incumbent Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Rapid Response Additional Assistance Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Non-WIOA Grants			
Non-WIOA Special Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Local Funded Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Grants			
Grant Type	Grant Name	Grant Code	
Comments:			

Individuals Name \_\_\_\_\_

**Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.)** I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

\_\_\_\_\_  
**Applicant Signature**                      **Date**

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

\_\_\_\_\_  
**Staff Signature**                      **Date**