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Purpose

Once an apprentice or pre-apprentice is added to the system, they must complete the application. All customers (apprentices or pre-apprentices) **must** complete the **application** as part of the intake process.

Getting Started

There are three options for a Case Manager to complete an application with a customer:

1. After adding the customer to the system, the Case Manager can go to the customer’s profile, click on the Intake Review tab, open step 1, and click **Complete Initial Application with customer** button on the Intake Review tab.
2. After adding the customer to the system, the Case Manager can click the **Complete initial application with customer** button.
3. **Send the PDF application to the apprentice to complete on their own**, send it back to you through their email, and the Case Manager enters the information into the system.

As a Case Manager, you are encouraged to complete the application with the apprentice.



Option 1 – Intake Review tab – Complete Initial Application with Customer

1. If a customer has already been added to the system, but the application has not been completed, click on their **last name** on the **Customers** tab.

APPRENTICESHIP ILLINOIS
Back to Customer List

Customers | Business Engagement Tools | Workplan & Reports

Name: Sigfreid
 IwN Number:
 Grant Name: Select
 Grant Type: Select
 Grantee: Apprenticeship Illinois - Elgin Community College
 Participant Type: All

Advanced Search

Search | Export | Add Success Story | Add Customer

10 entries per page

workNet Id	Last Name	First Name	Grantee	Enrollment Status	Customer Type	RAPIDS Id
38409	Sigfreid	Gary	Apprenticeship Illinois - Elgin Community College	Not Enrolled - Eligibility Not Complete	Case Managed	

2. The customer’s profile will open to the **Intake Review** tab.

Click to **open section one** under the Action Items.

Click **Complete Initial Application with Customer**.

APPRENTICESHIP ILLINOIS INTAKE REVIEW
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Overview | Intake Review | Career Plan | Outcomes

INTAKE REVIEW | CASE NOTES(0)

Profile: Gary Sigfreid
 Email: GS@Noemail.com
 Enrollment Status: N/A
 See All

Reset Password | Send Message

Related Instructions
 Apprenticeship Illinois Eligibility

Action Item	Result	Status
1. Customer submits initial online application.	Not Complete	Action Needed
2. Enroll customer.	Not Complete	Action Needed
3. The customer was provided information that describes the features and how to access their career plan.	Not Complete	Action Needed

Customer submits initial online application

Complete Initial Application with Customer



Option 2 – Customer just added to the system - Complete Initial Application

1. If you just added the customer, you will see the option to **Complete initial application with customer** button.

2. Review and answer, **Are you Authorized to work in the US?**

Note: Applicants must have US work authorization to qualify for services funded by this grant.

3. If the application is authorized to work in the US, click **Start New Application**.

4. Review and answer the **Agreement**.
Review the terms of use and privacy policy.
Check the box and click **Save and Go To Next Page**.



5. Review the **SAEF Disclosure**.
Read the disclosure, **check the box**, and click **Save and Go To Next Page**.

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Authorized to Work in USA Agreement **SAEF Disclosure** Goals & Current Situation Education Work History Demographic & Contact Info

Equal Participation of Faith-Based Organizations and Written Notice of Beneficiary Protections. USDOL, with eight other agencies, issued the final rule, *Partnership With Faith-Based and Neighborhood Organizations*, on March 4, 2024. See 29 CFR 2.30 - 2.41.

a. Under this final rule, a faith-based organization that participates in this award program retains its independence from federal, State and local governments and may continue to carry out its mission consistent with religious freedom and conscience protections in federal law.

b. A faith-based organization may not use direct Federal Financial Assistance, whether received through an award or subaward, to support or engage in any explicitly religious activities. An organization receiving Federal Financial Assistance also must not, in providing services funded by USDOL, or in conducting outreach activities related to such services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

c. Notice to beneficiaries of programs supported by direct Federal Financial Assistance. Any organization providing services to beneficiaries under programs supported by direct Federal Financial Assistance from USDOL, and any entity responsible for disbursing federal funds as part of a program of indirect Federal Financial Assistance administered by USDOL, must give the written notice shown below to beneficiaries and prospective beneficiaries.

Name of Organization: Apprenticeship Illinois - Elgin Community College
Name of Program: Apprenticeship Illinois
Type of Federal Financial Assistance: SAEF
Contact Information for Program Staff:

Because this program is supported in whole or in part by financial assistance from the federal government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary.
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal Financial Assistance.
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the U.S. Department of Labor's Civil Rights Center, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, or by CRCExternalCompliance@dol.gov, and
5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please call toll-free 1-877-US2-JOBS (1-877-872-5627) or TTY 1-877-889-5627.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual services. In such an instance, this notice must be given to you at the earliest available opportunity.

I have read the SAEF Grant Disclosure and agree to complete the application.

Post Cancel **Save and Go To Next Page**

6. Complete the **Goals & Current Situation** section.

Check the box next to each situation that applies.
Click **Save and Go To Next Page**.

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Authorized to Work in USA Agreement SAEF Disclosure **Goals & Current Situation** Education Work History Demographic & Contact Info

Do you have any situations that need to be planned around? *

EDUCATION

- I am currently in school.
- I have a hard time with reading, writing, and/or math.
- I have trouble with reading or speaking English.
- I dropped out of high school.
- I have not attended high school in the last quarter.
- I need help to enter or complete an educational program or to secure or hold employment.

PHYSICAL/HEALTH

- I have a disability that makes it hard for me to do certain things.
- I am legally blind.

FAMILY

- I am pregnant.
- I have children and would need help getting childcare.
- I am a single parent.

FINANCIAL

- Myself or someone in my immediate family receives SNAP benefits.
- Myself or someone in my family receives TANF.
- Myself or someone in my family receives SSI.
- Myself or someone in my family receives state/local cash welfare.
- I live in a high poverty area.
- I receive a free/reduced price lunch at school.
- I may meet the low income guidelines.

LEGAL

- I have criminal charges pending.
- I have had instances/legal problems.
- I have had prior involvement in the criminal legal system.
- I have been incarcerated for a felony or misdemeanor.

HOUSING

- I need a permanent place to live (homeless).
- I am in foster care.
- I have aged out of foster care.
- I am a runaway.

EMPLOYMENT RELATED

- I am a veteran or qualified spouse.
- I am eligible, receiving, or exhausted unemployment benefits.
- I lost my last job because of plant closure or a large company layoff.
- I owned a business but now I am unemployed because of general economic conditions or natural disaster.
- I am married to someone who is an active duty service member.
- I was supported by my spouse who is no longer supporting me. I am unemployed or under employed.
- I have been unemployed for 27 weeks.
- Requested additional assistance to regain employment.
- I am an incumbent worker entering a registered apprenticeship with my current employer.
- I am an eligible migrant and seasonal farmworker.
- None of the above

Cancel **Save and Go To Next Page**

7. Complete the **Education** section.
Select the **Highest Level of Education**.
Click **Save and Go To Next Page**.

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Authorized to Work in USA Agreement SAEF Disclosure Goals & Current Situation **Education** Work History Demographic & Contact Info

Highest Level of Education *

Select

Cancel **Save and Go To Next Page**



8. Complete the **Work History** section.

Select the current employment status:

- I have not worked before. This will be my first job. *If this status is selected, proceed to the **Demographic and Contact Info** section below.*

- I am employed.
 - I am employed but I have received a notice of termination/layoff.
 - I am unemployed and I have been actively looking for work.
 - I am unemployed but I have not been actively looking for work.
- If any of these options are chosen, click **Add Employment**.*

9. Enter **Employment Information**:

- Are you currently employed by this employer? (yes/no)
- Employer Name *
- Start Date *
- End Date *
- Job Title *
- Soc Code for Position *
- Employer City *
- Employer State *
- Hourly Wage Paid *
- Hours Per Week *
- Reason For Leaving
- Was/Is this your primary employment (yes/no)
- Were you self-employed? (yes/no)

Click **Save**



10. Complete the **Demographic & Contact Info** section.

Complete the required fields:

- **First Name**
- **Last Name**
- **Email**
- **Confirm Email**
- **Street Address 1**
- **City**
- **State**
- **ZIP Code**
- **Primary Phone**
- **Primary Phone Type**
- **Sex at Birth**
- **Date of Birth**
- **Military Status**
- **Marital Status**
- **Ethnicity**

Click **Save and Go To Next Page**.

The screenshot shows a multi-step application process. The current step is 'Demographic & Contact Info', which is highlighted in a red box at the top right. The form includes the following fields and options:

- First Name ***: Text input with 'Christine' entered.
- Last Name ***: Text input with 'Lowman' entered.
- What name do you go by?**: Text input.
- Email ***: Text input with 'Christine@roemail.com' entered.
- Confirm Email ***: Text input with 'Christine@roemail.com' entered.
- Social Security Number**: Text input with instructions: '(Format: XXX-XX-XXXX) or Last 4 Digits of Social Security Number (Format: XXXX)'. Below it is a field for 'Confirm Social Security Number'.
- Street Address 1 ***: Text input.
- Street Address 2**: Text input.
- City ***: Text input.
- State ***: Dropdown menu with 'Select'.
- ZIP Code ***: Text input.
- Primary Phone ***: Text input.
- Primary Phone Type ***: Dropdown menu with 'Select'.
- Alternate Phone**: Text input.
- Alternate Phone Type**: Dropdown menu with 'Select'.
- Sex at Birth ***: Dropdown menu with 'Select'.
- Preferred Gender Identification**: Dropdown menu with 'Select'.
- Date of Birth ***: Date picker showing '8/9/2001'.
- Military Status ***: Dropdown menu with 'Select'.
- Marital Status ***: Dropdown menu with 'Select'.
- Ethnicity ***: Radio button options:
 - American Indian or Alaskan Native
 - Asian
 - Black/African American
 - Native Hawaiian or Other Pacific Islander
 - Hispanic/Latino
 - Middle Eastern or North African
 - White
 - Prefer Not to Answer

At the bottom right, there are two buttons: 'Cancel' and 'Save and Go To Next Page', with the latter highlighted in a red box.

11. Review the information collected on the Application. Click **Submit Application**.



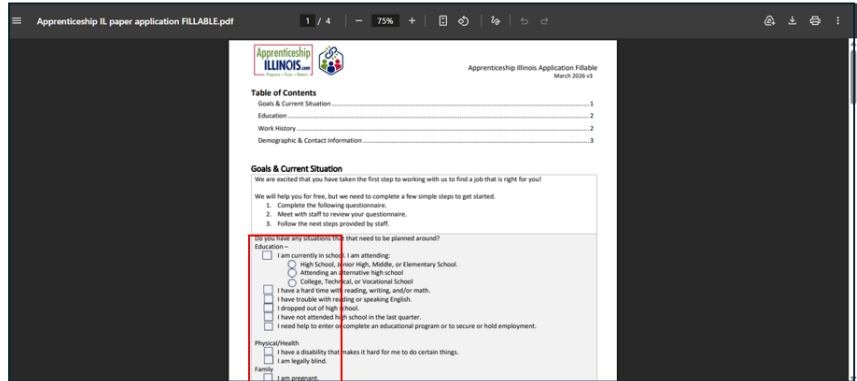
Option 3 – Email the application to the customer

1. The fillable [PDF](#) application can be emailed to the customer.

Be sure to provide clear instructions for the customer to click on the link to open the document.

2. Once the document has opened, the customer should click inside **the boxes and circles that apply to them and complete all of the required fields.**

3. The customer should save the completed document and email it back to their Case Manager.

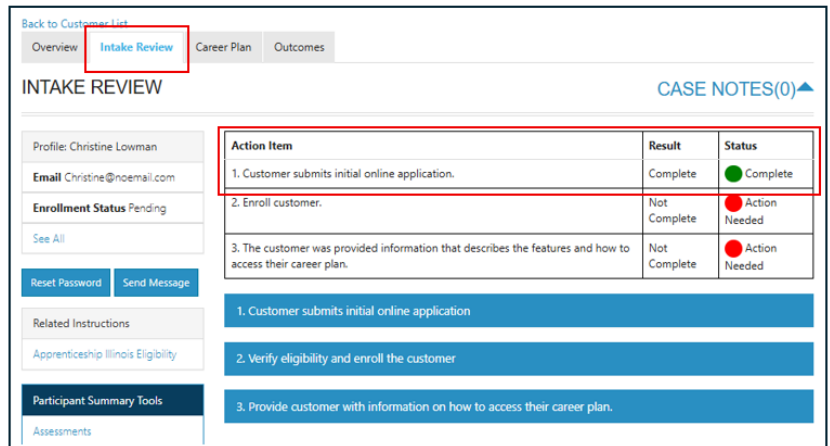


4. Once the Case Manager has received the completed application, they will complete the application on behalf of the customer.

What's Next?

The **Intake Review** tab will open, and **Action Item 1** will display a **green** status.

You are now ready to proceed to the next step – verify eligibility and enroll the customer. See “Eligibility Verification and Enrolling the Apprentice” instructions for more information.



Action Item	Result	Status
1. Customer submits initial online application.	Complete	● Complete
2. Enroll customer.	Not Complete	● Action Needed
3. The customer was provided information that describes the features and how to access their career plan.	Not Complete	● Action Needed



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