DHS Youth Programs for Employment & Education



www.illinoisworknet.com/CYEPapply



To apply for a DHS Youth Program visit: <u>www.illinoisworknet.com/cyepapply</u>

	L CYEP APPLICATION	l					
	Eligibility & Goals Application						
If you have an Illinois workNet	Do you already have an Illinois workNet	account?	If you do NOT h an account by c			et account, click No. ed fields.	Create
account, then click Yes. Enter	© 2019 - Illinois workNet®	Illinois workNet®	Click		orkNet account benefits.	mation below to begin using your Illinois workNet	
User name and		Login with your Illinois workNet account	acco	First Name*	Duke		
Password, then		Learn about account benefits. User name:		Last Name* Date Of Birth*	Lasley 01/06/2001		
click Sign In.		DukeLasley		Email Address*	dukel@noemail123.com		
		Password:		Confirm Email Address*	dukel@noemail123.com		
		Forgot Pass	word?	Main Number	7837837833 Ext		
		Remember me?: Sign In		Alternate Number ZIP Code*	60123		
				Secret Question*	What is the name of your favorite pet' \sim		
Eligibility & Goals Application				Secret Answer*	dog		
Agreement Eligibility	Provider Employment Goals	Physical Demands Other Items		User Name*	dukelasley		
Illinois workNet helps people reach their training, e	employment, and career goals.			Password*			
This application contains voluntary questions to he	whent information including start and end dates to comple elp determine if you are eligibile for additional services. This keeping and affirmative action requirements, and to help yo nswer.	information will be kept confidential and is			te that you agree to the updated Terms and that you agree with the terms by checking	d Conditions of this site. Click the following link to read the the box below. View Terms and Conditions	
Individuals completing this application will receive	updates and information to help them reach their career, tr		Sav				
entered is accurate to the best of your knowledge.		ticipation and certify that the information you	M/rite devue ver		ama and Desa	word for future ref	
Cancel Start Application	mplete the application.		•			word for future ref	erence
Cancer Start Application			Select the Acce	pt Agreer	ment box, the	en click Save.	
© 2019 - Illinois workNet®			You will be redi	rected to	log-in and be	egin the application	

Eligibility Questions

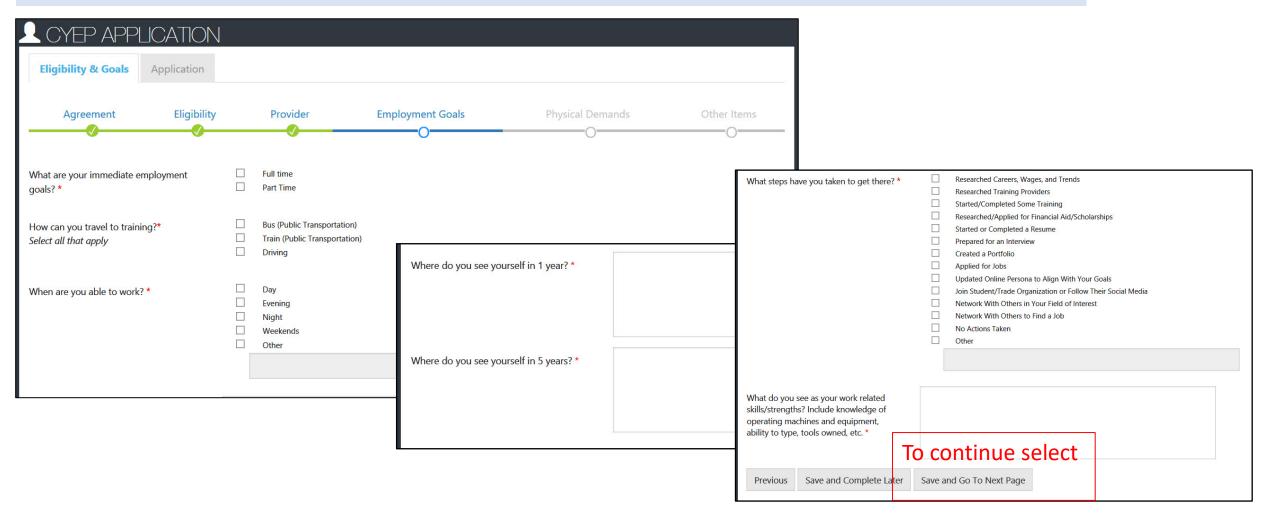
Eligibility & Goals Application Agreement Eligibility Provider Employment Goals	Physical Demands Other Items	Are you currently in school (when school O Yes INO is in session)? * Do you have a high school diploma or equivalent? * Yes INO Would you be willing to go back to school? * Yes INO
Birthday *	Are you currently in school (when school is in session)? Yes: \uparrow No: \downarrow
Do you live in Illinois?* Yes O No Are you authorized to work in the U.S.?* Yes O No O I don't know	Are you currently in school (when school is in session)? *	D Yes⊖ No
Are you currently in school (when school is in session)? * Select one or more that apply to you * I do not have work experience. I have been unsuccessful at maintaining employment. No one in my household is employed.	Select the one item that describes your current in-school activity *	 Actively working towards high school diploma Actively working towards high school equivalency/GED Attended post-secondary training (community college, university, trade school) at least half time
I am pregnant. I have one or more children. I aged out of foster care system. I am in foster care. I ran away from home. I am homeless. My family is homeless. I am not able to return home.		
 ☐ I live in a single-parent household. ☐ I live in a high crime area. ☐ I live in a high poverty area. ☐ I live in a high poverty area. ☐ I believe someone in my immediate family receives state or federal benefits (e.g., SNA 	P, TANF, SSI, e Check all that apply to you.	To continue select
I have a disability. I have a disability. I have a hard time with reading, writing, and/or math. I have trouble with reading or speaking English. I am at risk for not completing my education. I have been held back one or more grades in my education. I have been held back one or more grades in my education. I have been held back one or more grades in my education. I have been dealed from school		Previous Save and Complete Later Save and Go To Next Page
 I have been expelled or suspended from school. I have missed 9 or more unexcused days of school in the past 6 months. I identify as LGBTQ or non-binary. I have been a victim of abuse. I have been a victim of bullying. I have been a victim of bullying. I have bad instances/legal problems (offender). I have a parent or sibling who has been or is currently incarcerated. I have above None of the above 		

Select a Provider

\bigcirc CYEP APPLICATION	\lor			
Eligibility & Goals Application				
Agreement Eligibilit	y Provider	Employment Goals	Physical Demands	Other Items
Select a Provider * Previous Save and Complete Later © 2019 - Illinois workNet®	Select To continue select Save and Go To Next Page	Asian Huma Austin Peop Boys & Girls Boys & Girls CAPs - Com CAPs - Com CAPs - Com Catholic Bis Centers for Chicago Are	erican Christian Foundation - 6706 North Ave Oak Pa an Services - 4820 N. Broadway 3rd Floor Chicago IL oles Action Center - 5125 W. Chicago Ave. Chicago IL s Club of Freeport & Stephenson Co 511 S. Liberty s Clubs of Chicago - 3400 S Emerald St Chicago IL 60 amunity Assistance Programs - 8455 South Cottage G amunity Assistance Programs - 11717 South Halsted S hop of Chicago - St. Sabina - 7825 S Racine ave. Chic New Horizons - 226 W. 43rd St. Chicago IL 60609 ea Project - 125 North Hoyne Chicago IL 60612 connections - 2504 Washington St. Suite 602 Waukeg	60640 _ 60644 Ave Freeport IL 61032 0616 Grove Chicago IL 60619 St. Chicago IL 60628 cago IL 60620
© 2013 Milliols Workivers		Jewish Child Leadership Lessie Bates Madison CU Phalanx Fan Project Oz - Public Imag SGA Youth SGA Youth The Puerto UCAN - 542	Hangout Club, Inc - 249 S. Webster St. Decatur IL 62: d & Family Services - 216 W. Jackson Blvd. Chicago IL Development Institute - 15455 South Park Ave. South s Davis Neighborhood House, Inc 1200 North 13th JSD #12 - 602 Farrish St. Madison IL 62060 nily Services - 837 W. 119th Street Chicago IL 60643 - 1105 W. Front St. Bloomington IL 61701 e Partnership NFP - 8949 S. Stony Island Ave. Chicago & Family Services - 3152 W. 4th St. Chicago IL 60632 & Family Services - 420 W. 111th St. Chicago IL 6062 Rican Cultural Center - 1112 N. California Ave. Chicago W. Rosevelt Rd. Chicago IL 60644 amily Connections, Inc 1350 W. 103rd St Chicago IL	- 60606 h Holland IL 60473 St East St. Louis IL 62205 go IL 60617 28 go IL 60622

Answer Goal Questions

Tell us as much information as you can. It will help us place you in an appropriate program.



Physical Demands

					Select one 55 pounds 50 pounds (a bale of hay = 50 pounds) 30-40 pounds (5 gallons of water = 40 p 25 pounds (an average 2 year old = 25 Less Than 25 pounds			
Agreement	Eligibility	Provider	Employment Goals	Physical Demands	Select one 8 hours 6 hours 4 hours 2 hours Less than 2 hours Select one			
				al demands. Spec al accr andations needs to be ably to ser an order tr a	Yes Yes, but I need to get up and move arou	Ind from time to time		
What is the heaviest load that you lift in the workplace? *	could	Select one			Yes, I am drug free and can pass a drug Yes, I have been drug free for at least 30 Yes, I am willing to make changes to be Yes, I want to be able to pass a drug test) days able to pass a drug test t, but I need help		
What is the longest amount of tim you could stand upright in the wor *		Select one			I am not interested in careers that require Select one I can see without glasses or contacts	re a drug test		
Are you able to sit for long periods time? *	s of	Select one		~	I can see with glasses or contacts I am legally blind			
Some employers require you to be free for 30-120 days. In those case will require you to complete a drug Will you be able to pass a drug tes	g test.	Select one			What work environment do you prefer Select all that apply [*]	Construction Customer Service Food Service		
Describe your eyesight or vision: *		Select one			-	Grounds Keeper/Gard Housekeeping Health Services (e.g. Mechanical (e.g. Auto Maintenance Other	Pharmacy Tech)	g)
					Previous Save and Complete L	To continue ater Save and Go To Nex		

Background Information

CYEP APPLICATION Eligibility & Goals Application		
Agreement Eligibility	Provider Employment Goals Physical Demands	other Items
	ased on skills, policies, or laws. Make sure you get trained for a job where your hist a registered sex offender, you will not be able to get a job working with children.	tory does not keep you from
Do you have a valid drivers license? *	Select one	Select one Yes No, but I could get a drivers license if I had training
Some employers will complete a background check on new employees. Please check all of the following that apply to your situation: * <i>Select all that apply</i>	 I am registered on the sex offender registry I have a violent felony conviction I have a non-violent felony conviction I have a misdemeanor conviction (excluding traffic violations) within the past 7 years I have been on probation in the last 10 years (excluding traffic violations) I am not interested in careers that require a background check None of the above apply to me 	No, I am not able to get a drivers license My license is temporarily suspended
	English Spanish Chinese Polish Other Language Continue select	
Previous Save and Complete Later	Continue to Application	

Details About You

Illinois workNet user application does not ask for information that is required for the CYEP program.

Information entered from your Illinois workNet user account application will auto-fill this form. Verify it is correct.

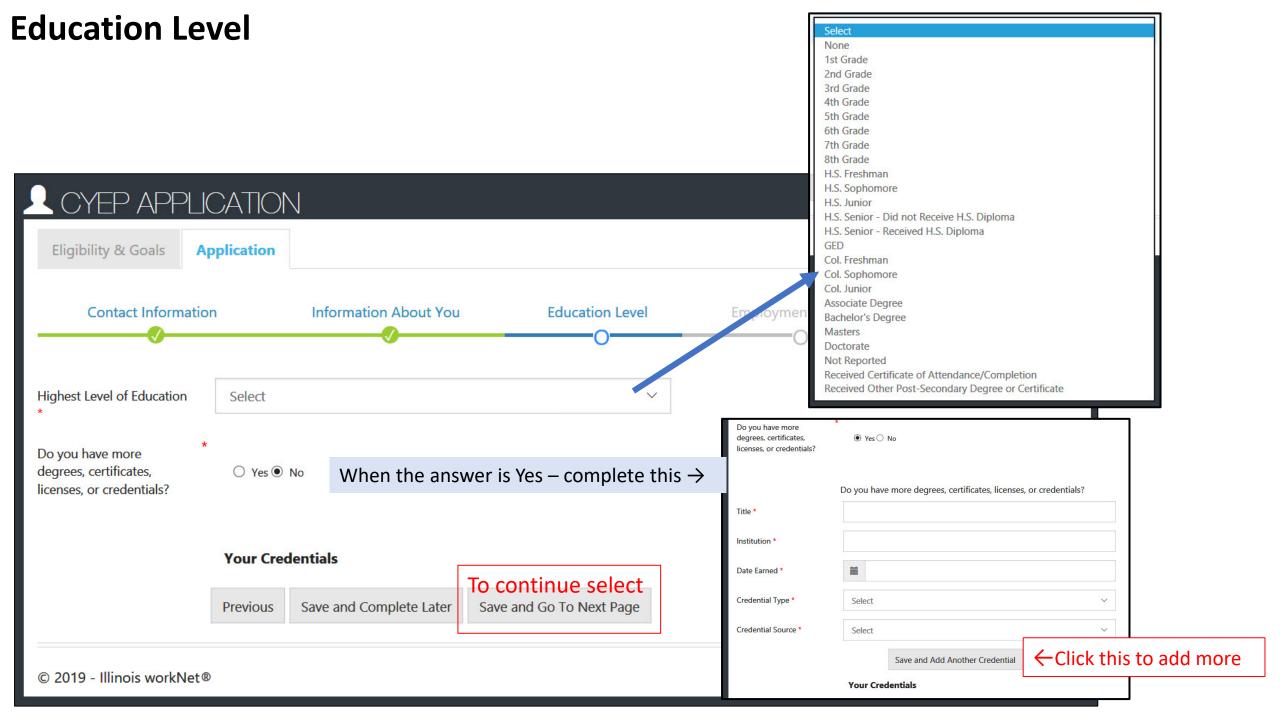
The CYEP program requires you to provide your Social Security Number, address, and phone number.

Complete the items with the * Save and Go to Next Page

Contact Informatio	Information About You	Education Level Employment History Final Questions
First Name *	Duke	
Last Name *	Lasley	• If you are using a computer, that is used
Email *	dukel@noemail123.com	by others, do not let the computer
Confirm Email *	dukel@noemail123.com	automatically fill the fields.
Social Security Number (Format: XXX-XX-XXXX)	783-78-3783	• The info in the system may change your
Confirm Social Security Number (Format: XXX-XX- XXXX)	783-78-3783	personal information. For example, it could change your name and make it
Street Address 1 *	783 783rd street	hard to find your account.
Street Address 2	783	
Street Address 2 City *	783 Elgin	
City *		~
	Elgin	✓
City * State *	Elgin	
City * State * ZIP Code *	Elgin Illinois 60123	

Details About You

L CYEP APPL	LCATION			If you do not have a second language, select None.
Eligibility & Goals Contact Informat	Application ion Information About You	Education Prefer N		Primary Language * Select all that apply. English Carabic Cambodian Cantonese Chinese French
Gender *	Select	Select None		German Japanese Korean Other Filipino
Date of Birth * Military Status *	1/6/2001 Select	Active Vetera Discha	in	Polish Russian Sign Language Spanish Vietnamese
Marital Status *	Select	Select Marrie Single	d	Secondary Language * Select all that apply.
Ethnicity *	 ○ Hispanic or Latino ● Non-Hispanic or Latino 	difference of the contract of		English Arabic Cambodian Cantonese
Race *	Select all that apply. White Asian Hawaiian or Pacific Islander Black/African American			Chinese French German Japanese Korean Other Filipino Polish Pursice
	 American Indian or Alaskan Native Prefer Not to Answer 	Are you registered with Generative Selective Service? *	Males 18+ years of age are a about Selective Service Regis	
		Selective Service Number		Previous Save and Complete Later Save and Go To Next Page

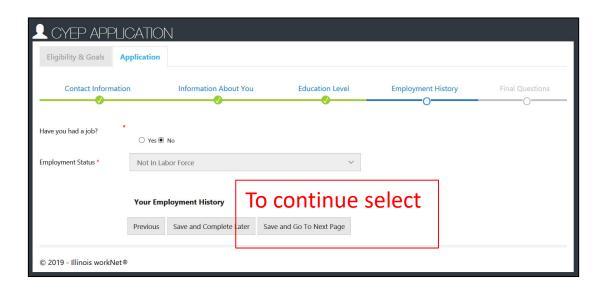


Employment History

The next portion to complete is about your employment.

If you have had jobs, fill in the information as shown on the right. Click Save and Add Another Job until they have all been added.

If you do not have work history, the image below is what will show.



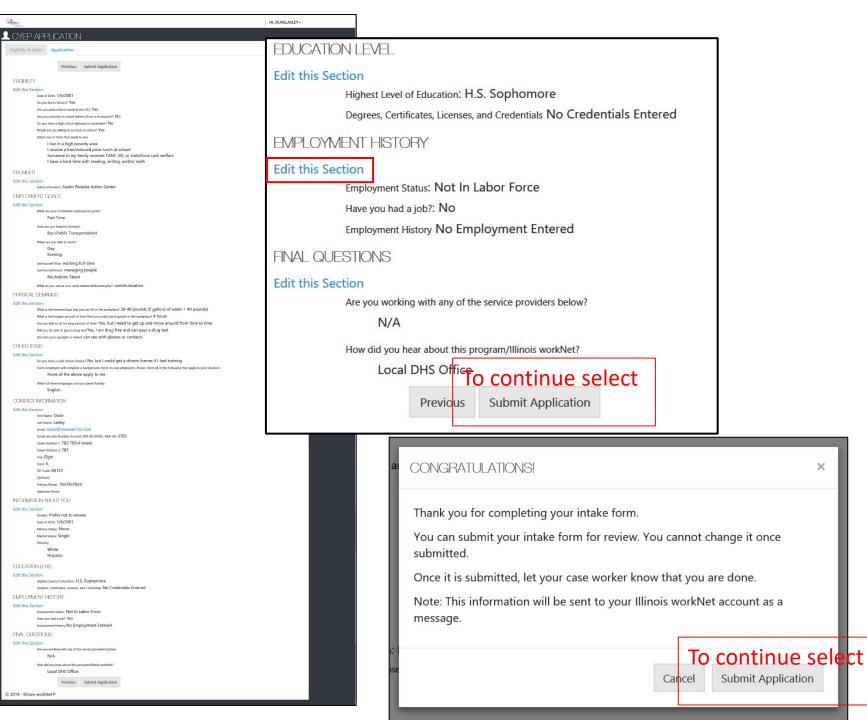
Contact Information	Information About You	Education Level	Employment History	Final Questio
Have you had a job? *	Yes⊖ No			
Employment Status * Sele	ect	~		
Employer Name *				
Are you currently O Yes employed by this employer? No				
Start Date *				
End Date				
Job Title *				
Street Address				
Employer City *				
Employer State * Sele	ect	~ 1		
Employer ZIP Code *				
Job Duties				
Hours Per Week *				
Reason For Leaving *				
	Save and Add Another Job			
You	r Employment History TO	continue se	elect	
		e and Go To Next Page		

Final Questions

Contact Information	Information About You	Education Level	Employment History	Final Questions
	V		V	0
re you working with any of the service	providers below?*			
	Center for Independent Living Community College Illinois Department of Employment Security (IDI Illinois Department of Healthcare and Family Se Illinois Department of Human Services Office of Illinois Department of Human Services Office of	rvices Mental Health & Developmental Disabili	ities	
	Illinois Division of Rehabilitation Services (IDRS) National Association of Mental Illness (NAMI)			
	Special Education District Veterans Administration			
	N/A			
	Other IDHS Program			
	Email			
	Email Facebook			
	Email			
	Email Facebook Family or Friends			
	Email Facebook Family or Friends Local DHS Office			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio TV			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio TV Twitter			
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	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio TV Twitter			
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio TV Twitter Other	continue select		
	Email Facebook Family or Friends Local DHS Office Illinois workNet Center Illinois workNet Website LinkedIn Mailings Newspaper or Magazine Radio TV Twitter Other	continue select and Go To Next Page		

Review and Submit

- Review all answers.
- If necessary, make corrections by clicking Edit this Section.
- Click Submit Application at the bottom of the application.
- A box will open.
- Click Submit Application one more time to submit the final application.
- Click Cancel if you need to make corrections. Make the changes and then click Submit Application in both spots.



Access Your Tools

- Once the application is submitted, the system redirects to Illinois workNet

 My Dashboard.
- Access all Illinois workNet tools from the Dashboard including:
 - Career Plan
 - Employment 101
 - Bookmarks
 - Resume Builder
 - Program Information
 like CYEP
 - Assessment Results

🕋 Duke's Dashboard	This is the TEST site for illino	JIS WORKIEL VIEW MULL	ICHOIT		1		
My Tools My Assessments	i.			Resume Builder	I	Job Search	
Settings Update My Profile Change Password	Messages	Career Pla		Resume Builder Guide Cover Letter Saved Resume Saved Portfolio Saved	Interview Practice Saved Assessments Saved Website Saved		My Bookr Job:
Update - News Subscription Settings	4 _{Messages}			Are your saved items	not checked?Next Steps		
Employment 101 Employment 101 Plans Guide	Your Guide To Prepare: A Career Plan A Job Search Plan	Add New		essments			
Pre-assessment - None Post-assessment - None Certificate - None	To Achieve Your Goals			ID INTERESTS Benefits Estimator			
			Employm NOCTI Re				
			Observati	onal Evaluation			

The Illinois workNet[®] Center System, an American Job Center, is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment by calling TTY (800) 526-0844 or 711. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. For more information please refer to the footer at the bottom of any webpage at illinoisworknet.com.