

## **1. Qualifying for Disability Employment Initiative (DEI)**

Illinois workNet helps people with disabilities find employment.

Eligible DEI participants include Illinois residents

- With a disability; and
- Between the ages of 14-62
  - Ages 18-64 for the following counties: Lake, Franklin, Jackson, Jefferson, Perry, Williamson
  - Ages 14-24 for the following counties: DuPage, Northern Cook

Individuals participating in this program will receive updates and information to help them reach their training and employment goals.

By completing the application you are:

- Logging into or creating an Illinois workNet account.
- Providing information that will be reviewed by DEI program staff to determine if you are eligible for the program.
- Allowing DEI program staff to view information needed to meet program requirements.

If you are under the age of 18, you will need to provide your parent or legal guardian's contact information.

By completing this application you are agreeing to the requirements for potential participation and certifying that the information you provide is accurate to the best of your knowledge.

## **2. Preparing to Fill Out the Application**

There are two ways to complete the application.

### **Option 1: Complete the Full Application**

This application will give us complete information so we may begin to help you right away.

Complete the full online application or have a family member or personal agent complete it for you.

Expect to spend between 10 – 20 minutes completing it.

You don't have to complete it all at one time. You can save it and come back later.

Ensure that all information that you are providing is correct and accurate as you will be required to provide documentation. Have the following information available when filling out your DEI online application using Option 1.

	<b>Things to have when filling out your DEI Online Application using Option 1</b>
	First, Middle, & Last Name
	Email address
	Social Security Number (required if you are 18 years or older), Date of Birth, and Address with Zip Code and Zip Code+4
	Primary Phone Number & Phone Type
	Gender, Ethnicity, Military Status, and Marital Status
	Highest Level of Education Completed and Any Degrees, Certificates, Licenses, or Credentials You Have Earned
	Employment Status, Employment History, and Annual Income Before Taxes
	<p>Which of the following do you think will make it hard for you to get a job?</p> <ul style="list-style-type: none"> <li>• Disability</li> <li>• Ex-Offender</li> <li>• Homeless</li> <li>• Language Barrier</li> <li>• Limited Education or Training</li> <li>• Limited Transportation</li> <li>• No Child Care</li> <li>• Substance Use</li> </ul>
	<p>Do you have any of the following disabilities?</p> <ul style="list-style-type: none"> <li>• Attention-Deficit/Hyperactivity Disorder</li> <li>• Blindness or Low Vision</li> <li>• Brain Injuries</li> <li>• Deaf/Hard of Hearing</li> <li>• Learning Disability</li> </ul>

	<ul style="list-style-type: none"> <li>• Medical Disability</li> <li>• Physical Disability</li> <li>• Psychiatric Disability</li> <li>• Speech and Language Disability</li> </ul>
	<p>Did your recent employer provide you with any of the following benefits?</p> <ul style="list-style-type: none"> <li>• Customized Employment</li> <li>• Flexible Hours</li> <li>• Health Insurance</li> <li>• Job Sharing</li> <li>• Sick Leave</li> <li>• Vacation</li> <li>• Work From Home</li> </ul>
	Are you currently a Ticket to Work participant?
	Have you ever received Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)?
	Do you need any special reminders to attend to your daily activities or chores?
	Do you take care of anyone else such as spouse, children, grandchildren, parents, friends, other?
	Does your disability significantly hamper your ability to work?
	<p>Does your disability affect your ability to:</p> <ul style="list-style-type: none"> <li>• Dress</li> <li>• Shopping</li> <li>• Prepare your own meals</li> <li>• Drive a car</li> </ul>
	What are your immediate employment goals?

	<ul style="list-style-type: none"> <li>• Full Time</li> <li>• Part Time</li> <li>• Temporary Time</li> </ul>
	<p>Are you working with any of the service providers listed below?</p> <ul style="list-style-type: none"> <li>• Center for Independent Living</li> <li>• Community College</li> <li>• Illinois Department of Employment Security (IDES)</li> <li>• Illinois Department of Healthcare and Family Services</li> <li>• Illinois Department of Human Services Office of Mental Health &amp; Developmental Disabilities</li> <li>• Illinois Department of Human Services Office of Vocational Rehabilitation</li> <li>• Illinois Division of Rehabilitation Services (IDRS)</li> <li>• National Association on Mental Illness (NAMI)</li> <li>• Special Education District</li> <li>• Veteran's Administration (VA)</li> <li>• Other</li> </ul>
	How did you hear about Illinois workNet?

You can also have an agent or a legal guardian fill out the application for you. The agent/legal guardian will need additional information about themselves.

<input checked="" type="checkbox"/>	<b>Additional Information to have when filling out your DEI Online Application as an Agent/Legal Guardian</b>
	Your First, Middle, and Last Name
	Relationship to the Customer
	Email Address
	Street Address, City, and State, Zip Code & Zip Code+4

	Primary Phone Number & Phone Type
	Are you the contact person to receive information for the customer?

**Option 2: Give us Starter Information**

Give us some starter information about you so we can contact you and build a relationship with you over time.

Ensure that all information that you are providing is correct and accurate as you will be required to provide documentation. Have the following information available when filling out your DEI online application using Option 2.

<input checked="" type="checkbox"/>	<b>Things to have when filling out your DEI Online Application using Option 2</b>
	First and Last Name
	Email Address. If you don't already have an email account, you can set one up at gmail.com
	Your Disability Status
	Your Birth Date
	Your Training & Employment Interests

**3. Complete the Disability Employment Initiative Online Application:  
[www.illinoisworknet.com/aboutDEI](http://www.illinoisworknet.com/aboutDEI).**

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