

WIOA Youth Application

Application Definition

Statutory Program:	_____ WIOA _____ TAA/NAFTA	Contact Date:	_____
TAA Petition Number:	_____	NAFTA Petition Number:	_____
LWDA# _____	IwNC*:	_____	
/ETC: _____	* Illinois workNet (TM) Center		
Career Planner:	_____	Partner:	_____

Applicant Contact Information

Last Name:	_____	First Name:	_____	MI:	_____
Street Address:	_____	Apt:	_____	_____	
City:	_____	State:	_____	Zip code:	_____
Home Phone:	_____	Work Phone:	_____	ext.	_____
Cell Phone:		_____			
Email Address:	_____	County(for in-state addresses):	_____		

Additional Contacts

Last Name:	_____	First Name:	_____	MI:	_____
Street Address:	_____	Apt:	_____	_____	
City:	_____	State:	_____	Zip code:	_____
Home Phone:	_____	Work:	_____	ext.	_____
Relationship to Contact:	_____	Email Address:	_____		

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Private Information

Social Security Number: _____ Hispanic or Latino? _____ (Yes or No)

American Indian or Alaskan Native
 Asian
 Black
 Hawaiian or Pacific Island
 Prefer Not To Answer
 White

Gender: _____
Birth Date: _____
Mother's Maiden Name: _____

Authorized to Work in USA? _____ (Yes or No)

Selective Service Compliant?: _____ (Yes, No, or NA)
If Yes, specify
Selective Number: _____

Disability Status: _____ Category of Disability: _____

<input type="checkbox"/> No Disability	<input type="checkbox"/> Disability Affecting Employment	<input type="checkbox"/> Physical/Chronic Health Condition	<input type="checkbox"/> Hearing related disability
<input type="checkbox"/> Disability	<input type="checkbox"/> Development Disability	<input type="checkbox"/> Physical/Mobility Impairment	<input type="checkbox"/> Learning Disability
	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental or Psychiatric Disability	<input type="checkbox"/> Cognitive/Intellectual disability
	<input type="checkbox"/> Prefer Not To Answer	<input type="checkbox"/> Vision-related disability	

Veterans Information

Veteran Status: Not a Veteran Veteran Qualified Spouse Transitioning Service Member

The rest of this section applies only to Veterans and Qualified Spouses

If Yes, List Branch of Service: _____ Date of Service From: _____ To: _____

Air Force
 Army
 Coast Guard
 Navy
 U.S. Marines

Nature of Military Discharge: _____

Honorable Dishonorable
 Less than Honorable Service Connected Disability

Service Connected Disability: _____ Armed Forces Campaign or Expeditionary Medal? _____ (Yes or No)

No
 Disabled Vet
 Special Disabled Vet

U.S. Citizen? _____ (Yes or No)

Did the Veteran or Qualified Spouse receive a priority of service? _____ (Yes or No)

Did the Veteran or Qualified Spouse attend a Transitional Assistance Program (TAP) in the last 3 years? _____ (Yes or No)

Has acceptable documentation been used and retained when Veteran or Qualified Spouse of a Veteran or Transitioning Service Member is claimed? _____ (Yes or No)

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Concurrent Programs

Adult Education	_____	(Yes or No)
Job Corps	_____	(Yes or No)
Farmworker Program	_____	(Yes or No)
Native American Program	_____	(Yes or No)
Veteran's Workforce Investment Pgms	_____	(Yes or No)
Trade Adjustment Act	_____	(Yes or No)
NAFTA-TAA	_____	(Yes or No)
Vocational Education	_____	(Yes or No)
Vocational Rehabilitation	_____	(Yes or No)
Wagner-Peyser	_____	(Yes or No)
Title V Activities (OAA)	_____	(Yes or No)
Comm Srvc Blk Grant Program	_____	(Yes or No)
HUD Program	_____	(Yes or No)
Other non-WIOA program	_____	(Yes or No)
Veteran's DVOP/LVER	_____	(Yes or No)
Vocational Rehabilitation + Education	_____	(Yes or No)
Both Vocational Rehabilitation and Vocational Rehabilitation + Education	_____	(Yes or No)
Youth Build	_____	(Yes or No)
Senior Community Service Employment Program	_____	(Yes or No)

Education Status

Highest Grade Completed:

_____ 0	_____ 4	_____ H.S. Freshman	_____ Cert. Attend/Compltn	_____ Associate Degree
_____ 1	_____ 5	_____ H.S. Sophomore	_____ Other Post Secondary	_____ Bachelors Degree
_____ 2	_____ 6	_____ H.S. Junior	_____ College Freshman	_____ Masters
_____ 3	_____ 7	_____ H.S. Senior-No Dipl	_____ College Sophomore	_____ Doctorate
	_____ 8	_____ H.S. Senior-withDipl	_____ College Junior	
		_____ GED		

Pell Grant Receptient? _____ (Yes or No)	Pursuing Diploma/Certificate? _____ (Yes or No)	Attending School? _____ (Yes or No)
If Yes, Amount: _____	Full-Time Attending School? _____ (Yes or No)	Attending Alternative School? _____ (Yes or No)
	High School Dropout? _____ (Yes or No)	In Bridge Program? _____ (Yes or No)

The following are determined by IWDS:

Behind Grade Level?	_____	(Yes or No)
Basic Skills Deficient?	_____	(Yes or No)
Youth In/Out School?	_____	(In School, Out School, or NA)

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Employment Characteristics

Labor Force Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Employed-Recd Notice of Layoff/Mil Sep	Unemployed Insurance Status: <input type="checkbox"/> Receiving Benefits <input type="checkbox"/> Eligible, but not receiving benefits <input type="checkbox"/> Exhausted Benefits <input type="checkbox"/> Not Eligible/Not Determined	Tenure? _____ (Yes or No) Under-employed? _____ (Yes or No) UI Profilee Date: _____ UI Profilee Eligible? <u>Yes</u> (Yes or No) Migrant Status? _____ (Yes or No)
Primarily Employed in Farm Work? <input type="checkbox"/> At least 50% income earned <input type="checkbox"/> At least 50% work time <input type="checkbox"/> Both of Above <input type="checkbox"/> No	Minimum Threshold of Farm Work Performed? <input type="checkbox"/> At least 25 days worked <input type="checkbox"/> At least \$800 earned <input type="checkbox"/> Both of Above <input type="checkbox"/> No	Type of Qualifying Farm Work: <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments

Income Calculation

Month	1	2	3	4	5	6	Row Total
Wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Self-Employed Wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pension	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alimony	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00						

The following are determined by IWDS:

Average Monthly Income: \$0.00 Average Annual Income: \$0.00 Total Income for Prior 6 Months: \$0.00

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Characteristics and Barriers

Drug/Alcohol Dependency? _____ (Yes or No)	Homeless? _____ (Yes or No)
An English Language Learner? _____ (Yes or No)	Single Parent? _____ (Yes or No)
Offender - Felon? _____ (Yes or No)	Facing Substantial Cultural Barriers? _____ (Yes or No)
Offender - Misdemeanor? _____ (Yes or No)	

Youth Barriers (If Applicable)

Enroll Under 5% Window? _____ (Yes or No)	Youth Aged Out of Foster Care? _____ (Yes or No)
Pregnant / Parenting Youth? _____ (Yes or No)	Within age of Compulsory School Attendance, but not attending School this quarter? _____ (Yes or No)
Runaway Youth? _____ (Yes or No)	Subject to Juvenile or Adult Justice System? _____ (Yes or No)
Youth Needing Assistance? _____ (Yes or No)	Eligible to Receive Free or Reduced Price Lunch? _____ (Yes or No)
Foster Child? _____ (Yes or No)	A Youth who lives in a high poverty area as determined by the census tract? _____ (Yes or No)

Public Assistance

Transitional Assistance? _____ (Yes or No)	On Food Stamps? _____ (Yes or No)
Refugee Help? _____ (Yes or No)	TANF? _____ (Yes or No)
SSI? _____ (Yes or No)	DHS Case Number: _____
SSDI? _____ (Yes or No)	Months Received TANF in Prior 60 Months? _____

Family Characteristics

Family Type: <input type="checkbox"/> Not a Family Member <input type="checkbox"/> Not Reported <input type="checkbox"/> Other Family Member <input type="checkbox"/> Parent in One-Parent Family <input type="checkbox"/> Parent in Two-Parent Family	Family Size: _____ Dependents Less than 18 Years: _____ Family of 1 Due to Disability? _____ (Yes or No)
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Name(s) of Family Member(s)	Relationship	Age	Dependent (Yes or No)	Has Income? (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)

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Signatures

NOTICE OF CERTIFICATION: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the Workforce Innovation and Opportunity Act (WIOA) post-termination follow-up program. I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from the Workforce Innovation and Opportunity Act program. I further certify that I have been informed of my rights to file a complaint.

I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my legal right to file a complaint.

Signature of Customer or Representative: _____ Date: _____

Signature of Parent or Guardian:
(if customer is under age 18) _____ Date: _____

Name of Parent or Guardian:
(if customer is under age 18) _____ Date: _____

APPEAL RIGHTS

If you disagree with this determination, you may request a reconsideration/appeal in person, by mail, or by fax. Your request must be filed at the Illinois Department of Commerce Office of Employment and Training policy office within thirty (30) days after the date this notice was given or mailed to you. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If the last day for filing your request is a day that the office is closed, the request may be filed on the next day the office is open. A letter will suffice if you do not have a form. If additional information or assistance regarding the appeals process is needed, please contact the Illinois Department of Commerce Office of Employment and Training at 500 E. Monroe St, Springfield, IL, 62701 or by fax at (217)558-2444.

STAFF USE ONLY

Career Planner Signature: _____ Date: _____