**Category 3 - Youth Program**

* *Lives in a QCT or DIA OR applying with a  provider located  in a QCT or DIA. AND*
* *Age Range:  16-24  AND*
* *Authorized to work: yes   AND*
* *Registered for selective services if male at birth and 18+: yes AND*
* *Current Situation: unemployed OR underemployed OR  underrepresented   AND*
* *Ask only if the customer or provider’s address is not in a QCT or DIA —-- COVID Impact: Unemployment OR Increased food or housing insecurity OR Health Related*

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| **Section** | **Field** | **Response Options/Edit Checks/Comments** |
| Profile | First Name  | *Prepopulate (required for IwN account)* |
| Profile | Last Name  | *Prepopulate (required for IwN account)* |
| Profile | Date of Birth | *Prepopulate (required for IwN account)* |
| Profile | Social Security Number  | Pulls in existing information if available.  If prepopulated, only show the last four digits.Checks for proper SSN format. |
| Profile | Confirm Social Security Number  | Must match SSN field.  Cannot copy and paste the SSN into the confirm field.Display as xxx-xx-xxxx once entered |
| Profile | Email  | *Prepopulate (required for IwN account)* |
| Profile | Street Address 1  |  |
| Profile | Street Address 2  |  |
| Profile | City  |  |
| Profile | State  |  |
| Profile | ZIP Code | *Prepopulate (required for IwN account)* |
| Profile | ZIP Code Plus Four  | *Auto populates based on address* |
| Profile | Primary Phone  |  |
| Profile | Primary Phone Type  | Mobile, Home, Work |
| Profile | Alternate Phone  | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Profile | Alternate Phone Type  | Mobile, Home, Work |
| Profile | Marital Status  | Married, Single, Divorced, Other  |
| Profile | Race | American Indian or Alaskan NativeAsian IndianBlack or African AmericanChineseGuamanian or ChamorroJapaneseKoreanNative HawaiianOther AsianOther Pacific IslanderPhilipinoSamoanVietnameseWhiteUnknown |
| Profile | Ethnicity | CubanMexican, Mexican American, Chicano/aPuerto RicanAnother Hispanic, Latino or Spanish OriginNon-Hispanic/LatinoUnknown |
| Profile | Gender at Birth | Female, Male, Prefer not to answer |
| Profile | Preferred Gender Identification | Female, Male, Non-binary |
| Profile | Are you authorized to work in the US?   |  |
| Profile | Are you registered with Selective Service |  |
| Profile | Selective service number | Only ask if the person is a male 18+ and answer Yes to the selective service question. |
| Profile | Military Status (IWDS = Veteran Status) | Active MilitaryRecently Separated VeteranWar or Combat VeteranRetired VeteranDisabled VeteranNone |
| Profile | Select the option that best describes your situation. | I am unemployed. I am qualified to have a higher skilled position than my current job. I have situations that prevent me from working. None of the above  |
| Profile   | How many people are in your household? |  |
| Profile | What is your household monthly income? |  |
| Profile | How have  you been negatively impacted by COVID?  | *Ask only if the customer or provider’s address is not in a QCT or DIA —--*No negative impactUnemployedIncreased food or housing insecurityHealth Related |
| Initial eligibility  - yes/noIf eligible, complete the application. |
| **Education** | Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? | Yes/no(If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will require adult education services.) |
| **Education** | Highest Level of Education | none, 1st grade, 2nd grade, 3rd grade, 4th grade, 5th grade, 6th grade, 7th grade, 8th grade, H.S. Freshman, H.S. Sophomore, H.S. Junior, H.S. Senior – did not attain H.S. Diploma, H.S. Senior – Attained H.S. Diploma, GED, Col. Freshman, Col. Sophomore, Col. Junior, Col. Senior, Associates Degree, Bachelor’s Degree, Masters Doctorate, GED, Certificate of Attendance/Completion, Other Post-Secondary Degree or Certificate |
| **Education****Don’t show if they have****Associates Degree, Bachelor’s Degree, Masters, or Doctorate** | Do you know if you've taken any of these assessments in the last 6 months? | TABECASASESLOther |
| **Only show this section if they don’t have a Adult basic skills test in the past 6 months or they do not have an Associates Degree, Bachelor’s Degree, Masters, or Doctorate** |
| Education   | Can you follow basic written instructions and diagrams with no help or just a little help? | Yes/no(If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will need a referral for adult education services.) |
| Education   | Can you fill out basic medical forms and job applications? | Yes/no(If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will need a referral for adult education services.) |
| Education   | Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? | Yes/no (what if they say I don’t know)(If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will need a referral for adult education services.) |
| Education   | Can you do basic tasks on a computer? | Yes/no(If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will need a referral for adult education services.) |
| Education   | Do you speak and read English well enough to get and keep a job? | Yes/no  |
| Education   | Were they able to complete this form on their own? | yes/no(Only show this question if they are a partner. If they answer no, then let the partner know the customer falls into the priority of the service category and have an eligibility barrier. They will need a referral for adult education services.) |
| Have you earned any occupational credentials or certificates? If yes, enter the credential. |
| Education (credential) | Title | required if the applicant is entering a credential/certificate |
| Education (credential) | Date Earned | required if the applicant is entering a credential/certificate |
| Education (credential) | Credential Type | required if the applicant is entering a credential/certificate Occupational Skill License, Occupation Skills Certificate or Credential, Other Advanced Education Degree or Occupation Certification, Other |
| Education  (credential) | If you have a degree, certificate, license or credential:\* | Do you have work experience in the field that you trained in?Yes NoIf yes, can you still perform the job you have been trained in?  YesNo |
| Skills & Interests | What are three things you would like to get out of this program? | 1.\*2.3. |
| Skills & Interests | What type of work would you like to do?  | * Technical (example:  Perform mechanical, information technology, mathematical, or scientific tasks.)
* Management (example:  Organize and lead others to reach a common goal.)
* Craftsmen/Foreman (example: Perform a trade or handicraft.)
* Service (example: Cares for or provides services to others.)
* Farm/Other Labor (example: Raise crops/animals or perform physical work.)
* Clerical (example:  Perform general office duties.)
* Sales (example: Sell products/services.)
* other
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| Skills & Interests | What type of training would be best for you? Select all that apply.\* | Classroom instruction Training that I get while on the job (like OJT, apprenticeship, work experience) |
| Skills & Interests | What schedule are you willing to work? | DayEveningNight ShiftWeekdaysWeekends |
| **Work History** | What is your current employment status? | * I have not worked before.  This will be my first job.
* 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.
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| Work History | Are you currently employed by this employer? | Required if answered yes to ever having a job. |
| Work History | Employer Name | Required if answered yes to ever having a job. |
| Work History | Start Date  | Required if answered yes to ever having a job. |
| Work History | End date | Only required if they are not currently employed with this employer |
| Work History | Job Title | Required if answered yes to ever having a job. |
| Work History | Street Address 1 | Required if answered yes to ever having a job. |
| Work History | Street Address 2 |  |
| Work History | Employer City | Required if answered yes to ever having a job. |
| Work History | Employer State | Required if answered yes to ever having a job. |
| Work History | Employer ZIP Code  | Required if answered yes to ever having a job.APPLICATION QUESTION - Extra question on the form that is not on the application.  |
| Work History | Job Duties |  |
| Work History | Hours worked/week | number required |
| Work History | Does this job meet your needs | Display if current employer |
| Work History | Why or why not?  | Display if current employer |
| Work History | Reason for leaving | Display if not the current employer |
| Work History | Was this your primary employment? | Display if not the current employer |
| Work History | Were you self-employed? | Display if not the current employer |