



## **SECTION I**

# **ELIGIBILITY**

- WIOA Eligibility Checklist & Supporting Documentation
- Proof of Educational Status (Youth Only)
- Income Calculation Worksheet (If applicable)



## WIOA Group Intake Appointment

Your WIOA Group Intake appointment is scheduled for:

Thursday,

Required documents to bring to the meeting:

- Completed application (completed at WIOA orientation)
- Valid Driver's License/ State ID
  - (if current address differs from the DL, must have an utility bill or lease with current address)
- Social Security Card
- Authorization to Work in the United States:
  - US Birth Certificate,
  - Valid US Passport,
  - Valid Alien Registration Card,
  - Naturalization Certificate

Additional documents to bring to the meeting if applicable:

- Resume
- DD214 (only if you are a Veteran)
- First Letter Received From Unemployment Office
- WARN or Company Closing Letter
- Last 6 months pay stubs for both you and your spouse
- Spouse's SSN
- Birth Certificates of all dependents or children under the age of 18
- Last month of job search

\*If you need to cancel or reschedule your intake appointment, contact the Adult Services Manager, Tara Simone at [tsimone@bcstillinois.org](mailto:tsimone@bcstillinois.org) or 847-437-6902.

**Please do your best to attend during your scheduled time, if you reschedule that appointment could be up to 3 to 4 weeks past the original appointment date.**

### Arlington Heights Office Career Advisors

<input type="checkbox"/>	Liela Cinquino	<a href="mailto:lcinquino@bcstillinois.org">lcinquino@bcstillinois.org</a>	847-437-9541
<input type="checkbox"/>	Renata Drukh	<a href="mailto:rdrukh@bcstillinois.org">rdrukh@bcstillinois.org</a>	847-437-9488
<input type="checkbox"/>	Olivia Surprenant	<a href="mailto:osurprenant@bcstillinois.org">osurprenant@bcstillinois.org</a>	847-437-8127
<input type="checkbox"/>	Kristol DiCosola	<a href="mailto:kdicosola@bcstillinois.org">kdicosola@bcstillinois.org</a>	847-437-9425
<input type="checkbox"/>	Marcia Gordon	<a href="mailto:mgordon@bcstillinois.org">mgordon@bcstillinois.org</a>	847-437-9734

Arlington Heights Office: 723 W. Algonquin Rd, Arlington Heights, IL 60005



## **SECTION II**

**WIOA APPLICATION**  
with signed Signature Page



# WIOA Application

<b>For Office Use Only</b>	
Intake Date:	_____
Initial:	_____

**(Please print and use pen)**      **Orientation Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  M  F

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Ethnicity: (Check all that apply)

- |                                |   |                                   |
|--------------------------------|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American Indian / Alaskan   | <input type="checkbox"/> Asian    |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Hispanic |

### Disability Status:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Disability Affecting Employment | <input type="checkbox"/> Special Disabled Veteran |
| <input type="checkbox"/> Disability    | <input type="checkbox"/> Developmental Disability        | <input type="checkbox"/> Learning Disability      |

### Veteran Status: (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Not a veteran | <input type="checkbox"/> Honorable Discharge    | <input type="checkbox"/> Less than Honorable Discharge |
| <input type="checkbox"/> Veteran       | <input type="checkbox"/> Dishonorable Discharge | <input type="checkbox"/> Spouse of Active Duty Member  |

Service Dates: \_\_\_\_\_ To \_\_\_\_\_

### Marital Status:

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed             |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Non-Spousal Partner |

### Family:

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_

Children: Under 18 Only:

1)	2)	3)
Name	Age	Name
_____	_____	_____
_____	_____	_____
4)	5)	6)
Name	Age	Name
_____	_____	_____
_____	_____	_____

### U.S. Work Authorization

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Registered Alien / Refugee | <input type="checkbox"/> Not Authorized / Not Determined |
|-------------------------------------|---|--|

### Highest Level of Education

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> GED
Grade School								High School				College				Additional Education		

1) School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degree or Certificate Attained \_\_\_\_\_ Major: \_\_\_\_\_

2) School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degree or Certificate Attained \_\_\_\_\_ Major: \_\_\_\_\_

### Are you currently receiving assistance from any of the following programs? (Check all that apply)

- |   |                              |   |                                      |                                      |                              |
|---|------------------------------|---|--------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> TANF (Cash Assistance) | <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Other _____ | <input type="checkbox"/> N/A |
|---|------------------------------|---|--------------------------------------|--------------------------------------|------------------------------|

- ➔ Have you ever been convicted of a felony or misdemeanor?  Yes  No ( This will not disqualify you from WIOA)
- ➔ Do you have a drug or alcohol dependency?  Yes  No ( This will not disqualify you from WIOA)
- ➔ Are you currently receiving unemployment benefits?  Yes  No  Undetermined  Exhausted Benefits

Have you ever participated in classes to learn the English Language (ESL/ELL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a Ticket to Work participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Employment:** Please list your 10 year work history or your last 3 employers beginning with your most recent employer. Use the back of this page if necessary.

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____    End Date    ____ / ____ / ____
Industry: In what industry did you last work: (i.e. manufacturing, retail, communications)	_____					
Occupation: What were the job title and duties at your last job?	_____					

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____    End Date    ____ / ____ / ____
Industry: In what industry did you last work: (i.e. manufacturing, retail, communications)	_____					
Occupation: What were the job title and duties at your last job?	_____					

Employer Name:	_____					
Street Address	_____					
City	_____	State	_____	Zip	_____	<input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Quit
Salary:	_____	hr / yr	Hours worked / Week	_____	Start Date	____ / ____ / ____    End Date    ____ / ____ / ____
Industry: In what industry did you last work: (i.e. manufacturing, retail, communications)	_____					
Occupation: What were the job title and duties at your last job?	_____					

**Collateral Contacts:** Please provide the name, address and phone number of two people, not living with you, that we can contact if we are unable to reach you.

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	E-Mail: _____	
Relationship _____		

Last Name: _____	First Name: _____	MI: _____
Street Address: _____		
City: _____	State: _____	Zip Code _____
Telephone Number: _____	E-Mail: _____	
Relationship _____		

**Please provide the following income and expense data which is used for assessment purposes only and does not pertain to program eligibility:**

<u>Monthly Income</u>	
Your Take Home Pay	_____
Spouse's Take Home Pay	_____
Allowance(s)	_____
Child Support Alimony	_____
Social Security	_____
Public Assistance	_____
Unemployment	_____
Support from Family/Friends	_____
Food Stamps	_____
Savings	_____
Misc.	_____
	_____
<b>Total Income</b>	_____

<u>Monthly Expenses</u>	
Rent/Mortgage	_____
Utilities	_____
Installment Payments	_____
Savings	_____
Insurance	_____
Support Payments	_____
Transportation	_____
Food	_____
Clothing	_____
Childcare	_____
Household Supplies	_____
Medical and Dental	_____
Misc.	_____
	_____
<b>Total Expenses</b>	_____

**Previous Career Area/Job Title**

\_\_\_\_\_  
\_\_\_\_\_

**Desired Goals: (Mark only one)**

- Undecided
- Immediate Employment Assistance (no job preference)
- Employment in the same industry/occupation
- Career Change

**List Occupational Areas of Interest  
(Alternative Career Paths)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Desired Needs toward employment**

- |  |  |
|--|--|
| <input type="checkbox"/> Job Search Strategy / Guidance                        | <input type="checkbox"/> Resume and/or Cover Letter Assistance |
| <input type="checkbox"/> Refresher Basic Computer Classes                      | <input type="checkbox"/> Interviewing Assistance               |
| <input type="checkbox"/> Refresher Advanced Computer Classes                   | <input type="checkbox"/> Job readiness Workshop                |
| <input type="checkbox"/> Acquire transitional skills needed for new occupation | <input type="checkbox"/> Upgraded Current Skills Needed        |
| <input type="checkbox"/> Other: _____  |  |

**Salary/Travel Expectations:**

- Entry Wage (\$10K - \$25K)
- Middle Wage (\$25K - \$50K)
- High Wage (Over \$50K)

I am willing to travel \_\_\_\_\_ Miles

**Hours of Employment:**

- Seeking Full-time
- Seeking Part-time

Are you currently working with any of the following programs/ agencies?

- DHS's Division of Rehabilitation Services (DRS)
- Adult Education Programs such as English Second Language (ESL/ ELL), Bridge Programs, and/or GED classes.
- AARP Back to Work 50+ Program
- Other: \_\_\_\_\_

I certify that the preceding information is correct to the best of my knowledge.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Career Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

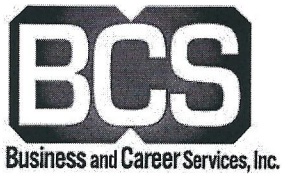


## **SECTION III**

# **ASSESSMENT DATA**

- Printout of Narratives Section
- Any tests used by Agency for cognitive or skills assessments.
- IEP or ISS
- Academic Tests (TABE or Other approved test in IWDS)





## Youth Individual Services Strategy (ISS)

<b>Date Initiated:</b>	<b>Participant Name:</b>	<b>Case Manager:</b>
Educational Background/Eligibility (ISY or OSY):		Highest Grade Completed:

### Initial Assessment

Interests	
Aptitudes	
Skills	
Employment Status	
Family Environment	
Behavior	

### Career Pathway

Career interest inventory used <i>Include printout (if applicable) in file</i>	N/A		
Top 3 areas of interest (careers):	MANUFACTURING		
List top 5 skills/assets/strengths:			
List top 3 weaknesses:			
Does participant have a work history?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, work history entered in IWDS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Identify career pathway to be pursued:			

### Testing

#### Initial TABE Scores:

Math TABE Level:	Math Score:	Reading TABE Level:	Reading Score:	Date:
Requires Remediation? Yes/No				
Basic Skills Remediation Statement:				

#### Post-Test TABE Scores:

Math TABE Level:	Math Score:	Reading TABE Level:	Reading Score:	Date:	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained	Attainment Date:
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◆ Identify those barriers/issues that are currently facing the youth and may hinder their ability to successfully complete the program.

◆ Create a plan and describe the steps to be taken by the youth and case manager to eliminate or diminish existing barriers.

Barriers	Plan of Action
	1. 2. 3.
	1. 2. 3.

**Program Activities**

Manufacturing Careers Pathways Activities	Date of Service	Enrolled Service in IWDS	What Activity Will Consist Of	Provider	Successfully completed Yes or No
A Game					
10 Hour OSHA Safety Training					
Forklift Training					
Skills that provide labor market information					
Financial literacy education					
Resume Writing					
Interviewing Practice					
Blueprint reading/ Shop Math					
Career exploration of Manufacturing industry					
Supportive services – transportation					
Supportive services – steal toe boots					
Support services - other					
Postsecondary preparation and transition activities					

**Work Based Learning**

Activity (ex: PWE, OJT)	Rate of pay	Scheduled weekly hours	Date activity began	Date activity ended	Successfully completed Yes or No

**Benchmarks/Goals** Note: anytime this section is changed case manager should initial the modification, indicating agreement that the plan has been updated. Participant's acknowledgment via initials is located at end of document.

<p><b>1. Benchmark Objective:</b> Set Date: Short term or long term goal:</p>	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained  <input type="checkbox"/> Plan Modified	<p>Date:</p>  <p>Date: CM Initial:</p>
<p><b>2. Benchmark Objective:</b> Set Date: Short term or long term goal:</p>	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained  <input type="checkbox"/> Plan Modified	<p>Date:</p>  <p>Date: CM Initial:</p>
<p><b>3. Benchmark Objective:</b> Set Date: Short term or long term goal:</p>	<input type="checkbox"/> Attained <input type="checkbox"/> Not Attained  <input type="checkbox"/> Plan Modified	<p>Date:</p>  <p>Date: CM Initial:</p>

**Performance Goals and Outcomes**

**Credential Attainment**

Is student pursuing credential at time of enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is student pursuing credential during program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date credential was attained:	
Type of credential attained:	
Copy of credential in file:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education and Employment**

<p>Check all that apply to participant at time of enrollment:</p> <input type="checkbox"/> Enrolled in Education (secondary or post-secondary) <input type="checkbox"/> Employed <input type="checkbox"/> Military <input type="checkbox"/> None
<p>Check all that apply to participant at time of exit:</p> <input type="checkbox"/> Enrolled in Education (secondary or post-secondary) <input type="checkbox"/> Employed <input type="checkbox"/> Military <input type="checkbox"/> None
<p>Is training or employment related to participant's designated career pathway? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Wage Earnings**

Goal wages for participant:  
List average income for participant at time of enrollment:  
List average income for participant at time of exit:

**Skills Gain *If the participant is in training/pursuing education:***

Was a recognized secondary or post-secondary credential received:  Yes PY Achieved  No  
If receiving instruction below post-secondary level, TABE increase of at least one EFL:  
 Yes PY Achieved  No  
Completion of OJT:  Yes PY Achieved  No

**Follow Up Plan**

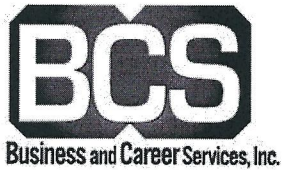
Job placement services, support services needed, referrals to outside agencies, etc. (Update when exited):

**PARTICIPANT CONCURRENCE**

1. I participated in planning this Individual Service Strategy (ISS).
2. I agree to participate in program activities as assigned by my case manager to achieve program objectives.
3. I understand WIOA is not an entitlement program, and this ISS does not guarantee receipt of any services.
4. I understand that this ISS and/or information in it may be released to appropriate WIOA personnel.
5. I understand that I have the right a copy of my ISS at any time.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Workforce Innovation and Opportunity Act (WIOA) Needs Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please take a moment to answer the questions below regarding your current needs/ concerns along with your job search:

### PERSONAL/ FINANCIAL

1. Has your financial situation affected how you conduct your job search? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Has your financial situation affected the type of work you are looking for? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are you interested in Self Employment? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Are you concerned about being able to pay monthly rent or mortgage for your housing within the next six months? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Do you need help with setting up a budget? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you ever applied for monthly cash assistance or food stamps? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Do you need food assistance? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you need assistance with clothing? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Do you need help paying your utility bills? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Do you need assistance with childcare? YES \_\_\_\_\_ NO \_\_\_\_\_
11. Do you need assistance with transportation? YES \_\_\_\_\_ NO \_\_\_\_\_
12. Do you have a phone? Professional voicemail? YES \_\_\_\_\_ NO \_\_\_\_\_

### JOB SEARCH

1. Do you have an effective resume? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you target your resume for each job you apply for? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you write appropriate and targeted cover letters for each job you apply for? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Are you comfortable using:
  - a. Online job boards? YES \_\_\_\_\_ NO \_\_\_\_\_
  - b. LinkedIn? YES \_\_\_\_\_ NO \_\_\_\_\_

- c. Illinois Job Link? YES \_\_\_\_\_ NO \_\_\_\_\_
- d. Other social media sites as it relates to your job search? YES \_\_\_\_\_ NO \_\_\_\_\_
- 5. Do you have appropriate interview clothing? YES \_\_\_\_\_ NO \_\_\_\_\_
- 6. Do you feel confident in presenting yourself well in an interview? YES \_\_\_\_\_ NO \_\_\_\_\_
- 7. Do you have at least 3 professional references? YES \_\_\_\_\_ NO \_\_\_\_\_
- 8. Are you proficient in the following computer programs:
  - a. Microsoft Word? YES \_\_\_\_\_ NO \_\_\_\_\_
  - b. Microsoft Excel? YES \_\_\_\_\_ NO \_\_\_\_\_
  - c. Microsoft Outlook? YES \_\_\_\_\_ NO \_\_\_\_\_
  - d. Microsoft PowerPoint? YES \_\_\_\_\_ NO \_\_\_\_\_
  - e. Microsoft Access? YES \_\_\_\_\_ NO \_\_\_\_\_
  - f. QuickBooks? YES \_\_\_\_\_ NO \_\_\_\_\_
- 9. Do you have the skills needed for the positions that you are targeting? YES \_\_\_\_\_ NO \_\_\_\_\_
- 10. Are you able to identify/ market your transferable skills? YES \_\_\_\_\_ NO \_\_\_\_\_
- 11. Do you have an elevator speech? YES \_\_\_\_\_ NO \_\_\_\_\_
- 12. Do you know how to effectively work a job fair? YES \_\_\_\_\_ NO \_\_\_\_\_
- 13. Do you participate in volunteer opportunities? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDITIONAL: Please expand on or add anything that you feel is important for you career advisor to know about you and your current circumstances: \_\_\_\_\_

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## SECTION IV

# SUPPORTING DOCUMENTATION

for

- Enrolled Services
- ITAs
  - Brief Intake Form (BIF)
  - Exploration Forms
  - ITA application
  - Financial Statement
  - Attendance Sheets
- Initial Job Placement/Employment Verifications

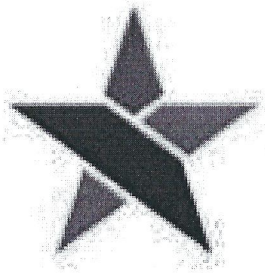


## **SECTION V**

# **CASE NOTES**

- Printout of Case Notes





## SECTION VI

# EXIT & FOLLOWUP DOCUMENTATION

- Exit Checklist
- Printout Exit Summary Page
- Exit Supporting Documentation  
(i.e. Employment Verification, College Class Schedule, Copy of Credential, etc.)

# MISCELLANEOUS

- Release of Information Form (optional)
- Participant's EO Grievance Procedure Form