

YOUNG ADULT PROGRAM APPLICATION
WIOA: Workforce Innovation and Opportunity Act

Office Use Only-
Rcvd

GENERAL INFORMATION:		DATE: _____
Referred by _____		
Social Security # _____ - _____ - _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
Last Name _____	First Name _____	M.I. _____
Street Address _____		
Mailing Address (PO Box) _____		
City _____	State _____	Zip Code _____ County _____
Phone (____) _____ - _____	Alt. Phone (____) _____ - _____	Another Phone # to Leave Message for You: Other Phone: (____) _____ - _____
<input type="checkbox"/> Driver License	Do you have Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Learner Permit <input type="checkbox"/> Non-Driver ID	E-mail Address: _____	
Citizenship:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other _____	
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	
<i>Note: Ethnicity question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.</i>		
EDUCATION		
Are You Out-of-School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you attending High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School District Attended? _____	Name of Current School District? _____	
Type of Diploma Earned: <input type="checkbox"/> Regents <input type="checkbox"/> Local <input type="checkbox"/> HS Equivalency (GED) <input type="checkbox"/> CDOS Credential <input type="checkbox"/> SACC Credential <input type="checkbox"/> IEP <input type="checkbox"/> None	Current Grade Level: _____	
Did you Attend Vocational School? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of diploma do you expect when you graduate? <input type="checkbox"/> Regents <input type="checkbox"/> Local <input type="checkbox"/> CDOS <input type="checkbox"/> SACC <input type="checkbox"/> HS Equivalency (GED)	
Did you leave High School without a Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you attending Vocational School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Grade did you Leave School? _____	Are you behind grade level(s) at high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Year did you Leave School? _____		
Did you Attend College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you Currently Enrolled in College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Respond to All Questions to Determine Services:		
Are you a person with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Answer		
If Yes, do you have any of the following:		
<input type="checkbox"/> Physical/Chronic Health Condition	<input type="checkbox"/> Physical/Mobility Impairment	
<input type="checkbox"/> Mental or Psychiatric disability	<input type="checkbox"/> Vision-related disability	
<input type="checkbox"/> Hearing related disability	<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Cognitive/Intellectual Disability	<input type="checkbox"/> IEP <input type="checkbox"/> AIS <input type="checkbox"/> 504 Please list accommodations provided: _____	
Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Due Date: _____	Are you a Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Single Parent - Are you single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change in your spouse's duty station? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Males - If over 18 years of age, are you registered for the Selective Service? Yes No Registration # _____

****If No, you MUST register for the Selective Service in order to participate in WIOA programs.** Please register online at www.sss.gov/

Are you in **foster care**? Yes No Did you age out of **foster care**? Yes No

Are you **Homeless** or **Runaway** - Do you lack a permanent and suitable nighttime residence? This includes sharing housing with persons due to loss of housing, economic hardship or similar reason: Yes No

- Couch surfing
- Living in a motel or campground due to lack of other suitable options
- Living in an emergency or temporary shelter
- Abandoned in a hospital
- Awaiting Foster Care placement
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport or campground

Are you an **Ex-Offender** –were you subject to any stage of the criminal justice process? Yes No

If yes, do you need help with employment because of your offender status? Yes No

Do you have a probation officer? Yes No If Yes who is your probation officer? _____

Do you lack basic skills - Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society? Yes No

Are you an **English Language Learner** - Do you have **limited ability** in speaking, reading, writing or understanding English? Yes No

Do you meet one of the following conditions:

- Is your native language a language other than English? Yes No
- Do you live in a family or community where a language other than English is the main language? Yes No

Do you have a Cultural Barrier - Do you have attitudes, beliefs, and customs or practices that may make it hard for you to find work? Yes No

Are you **Currently Employed**? Yes No If Yes: Start Date: _____ Wage: _____

Name of Employer: _____

Have you ever been fired from a job? Yes No How long have you been looking for work? _____

If **under 18 years of age**, do you have a **Work Permit**? Yes No **Obtain work permits at your local school whether you attend or not

Are you a **Migrant or Seasonal Farm Worker**? Yes No **If Yes, Check one of the following:**

____ **Seasonal Farm Worker**: someone who is or was employed in the past 12 months in farm work of a seasonal or temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

____ **Migrant Farm Worker**: A seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organizational groups rather than with their families.

Are you a Displaced Homemaker - Have you been providing unpaid services to family members in the home and depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order on active duty, or the death or disability of the member **AND** are unemployed or underemployed and having trouble finding or keeping employment? Yes No

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Are you a Low income individual with a total family income that does not exceed the higher of: The Poverty Line **OR** 70% of the lower living standard income level. Other _____

CERTIFICATION:

I/We certify that the information provided in this application packet is true to the best of my/our knowledge. I/We understand this information is used to determine eligibility and I/we may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment, I/we understand the applicant will be terminated from the program. If I am terminated as a result of falsifying information on this application, I/we understand I/we may also be prosecuted for fraud. My/Our signature serves as giving my/our permission to verify any and all information contained in this application and attached forms in the application packet. I/We acknowledge that I may be asked to provide follow-up information to assist in evaluation of this program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Required if applicant is under the age of 18

Eligibility Interviewer Signature _____ Date _____

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Initial Assessment

SKILLS and INTERESTS

• List your skills and abilities you have learned in a job, at home, as a chore, or as a hobby. List any and all computer and technology skills.

• List your volunteer and/or community service performed: _____

• What are you really good at? _____

• What do you do in your spare time?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Walk/jog | <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Baby-sit | <input type="checkbox"/> Read |
| <input type="checkbox"/> Make craft projects | <input type="checkbox"/> Play video games | <input type="checkbox"/> Play Sports | <input type="checkbox"/> Construct models, projects |
| <input type="checkbox"/> Work on cars/bikes | <input type="checkbox"/> Cook/bake | <input type="checkbox"/> Participate in youth groups | <input type="checkbox"/> Other _____ |

• Which do you prefer?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Retail | <input type="checkbox"/> Assembly and Production | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Outdoor Maintenance | <input type="checkbox"/> Recreation Program | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Center for Disabled Adults/Youth |
| <input type="checkbox"/> Indoor Maintenance | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other _____ |

CAREER INTEREST:

Which of the following high demand jobs are you interested in learning more about?

Advanced Manufacturing: HVAC Welding Optics Machining Auto Mechanic

Health Care: Home Health Aide (HHA) Certified Nursing Aide (CNA) Licensed Practical Nurse (LPN) Registered Nurse (RN)

Agriculture Truck Driving Starting your own business

What additional skills and training do you need to obtain a job? _____

If you could have a job right now, what would it be? _____

What job do you want 5 years from now? _____ Why? _____

TRANSPORTATION: How will you get to a job or appointment? Bicycle Parents Own Car Public Transportation Walk

WORK HISTORY: (See Attached Resume)

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____

Job Title _____ Employer _____

Address _____ Wage \$ _____

City _____ State _____ Country, if not US _____

Start Date ____/____/____ End Date ____/____/____ Reason for leaving _____

Job Duties _____