

Application Document

Customer: _____

Current Date: 01/28/2004

Application Definition

Statutory Program: _____ WIA _____ WTW _____ TAA/NAFTA Contact Date: _____
LWA: _____ Center: _____
Case Manager: _____ 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: _____

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Private Information

Social Security Number: _____

Hispanic or Latino? _____ (Yes or No)

☐ American Indian or Alaskan Native

Gender: _____

☐ Asian

Birth Date: _____

☐ Black

Mother's Maiden Name: _____

☐ Hawaiian or Pacific Island

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

☐ Prefer Not To Answer

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

☐ White

Disability Status:

If Yes, specify

Selective Number: _____

☐ No Disability ☐ Disability Affecting Employment

☐ Disability ☐ Development Disability

☐ Learning Disability

Veterans Information

Veteran Status: ☐ Not a Veteran ☐ Veteran ☐ Qualified Spouse

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

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:

☐ No

☐ Disabled Vet

☐ Special Disabled Vet

Armed Forces Campaign or
Expeditionary Medal?

_____ (Yes or No)

U.S. Citizen?

_____ (Yes or No)

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 Svc Blk Grant Program _____ (Yes or No)

HUD Program _____ (Yes or No)

Other non-WIA program _____ (Yes or No)

Veteran's DVOP/LVER _____ (Yes or No)

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Education Status

Highest Grade Completed:

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> H.S. Senior	<input type="checkbox"/> College Senior
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> H.S. Freshman	<input type="checkbox"/> College Freshman	<input type="checkbox"/> Masters
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> H.S. Sophomore	<input type="checkbox"/> College Sophomore	<input type="checkbox"/> Doctorate
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> H.S. Junior	<input type="checkbox"/> College Junior	<input type="checkbox"/> GED
				<input type="checkbox"/> Not Reported

Pell Grant Recipient? ☐ (Yes or No)

Attending School? ☐ (Yes or No)

If Yes, Pell Grant Amount: _____

Full-Time Attending School? ☐ (Yes or No)

The following are determined by IWDS:

Basic Skills Deficient? ☐ (Yes or No)

Youth In/Out School? ☐ (Yes, No, or NA)

Behind Grade Level? ☐ (Yes or No)

Credentials

Credential:

☐ A.A. or A.S. Diploma / Degree
☐ B.A. or B.S. Diploma / Degree
☐ H.S. Diploma / Equivalency / G.E.D.
☐ Occupational Skills Certificate or Credential
☐ Occupational Skills License
☐ Other

Institution: _____

Source: _____ Date Attained: _____

☐ Copy of Certificate
☐ Copy of Credential
☐ Copy of Degree
☐ Copy of Diploma

Employment Characteristics

Labor Force Status:

☐ Unemployed
☐ Employed
☐ Not in Labor Force

Unemployed Insurance Status:

☐ Receiving Benefits
☐ Eligible, but not receiving benefits
☐ Exhausted Benefits
☐ Not Eligible/Not Determined

Under-employed? ☐ (Yes or No)

The following is determined by IWDS:

UI Profilee? ☐ (Yes or No)

Dislocated Worker Characteristics

Requires additional assistance? ☐ (Yes or No)

Completed one month of job search? ☐ (Yes or No)

Unemployed at least six months
prior to application? ☐ (Yes or No)

Displaced Homemaker? ☐ (Yes or No)

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Work History

Employer Name: _____

Employment Status:

☐ Employed

☐ Employed, Layoff Pending

☐ Labor Dispute

☐ Fired

☐ Quit

☐ Laid Off

Job Title: _____

Wages: _____

Wages Per:

☐ Day

☐ Hour

☐ Week

☐ Month

☐ Year

Hrs per week: _____

Start Date: _____

End Date: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Contact Name: _____

Contact Phone: _____

ext: _____

Job Duties: _____

Primary Occupation? ☐ (Yes or No)

Dislocation? ☐ (Yes or No)

Self-Employed? ☐ (Yes or No)

Family Member/Farmhand? ☐ (Yes or No)

Layoff Reason

☐ Lack of Work at Employer

☐ Plant Closure

☐ Substantial Layoff

☐ In Process of Going Out of Business

☐ Flood or Other Natural Disaster

☐ General Economic Conditions

☐ Clean Air Act

☐ Defense Reductions

☐ Trade Impact Employment

☐ Qualifying Federal Dislocation Event

Date Notified of Layoff: _____

DETS ID: _____

TAA Petition: _____

NAFTA Petition: _____

SIC Code: _____

Declining? ☐

(Determined by IWDS based on SIC Code)

SIC Description: _____

OES Code: _____

Low Growth? ☐

(Determined by IWDS based on OES Code)

OES Description: _____

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Characteristics and Barriers

Drug/Alcohol Dependency?	_____ (Yes or No)	Offender - Misdemeanor?	_____ (Yes or No)
Limited English Proficiency?	_____ (Yes or No)	Homeless?	_____ (Yes or No)
Offender - Felon?	_____ (Yes or No)		

Barriers (If Applicable)

Enroll Under 5% Window?	_____ (Yes or No)	Youth Needing Assistance?	_____ (Yes or No)
Youth at Risk of Dropping Out?	_____ (Yes or No)	Foster Child?	_____ (Yes or No)
Pregnant / Parenting Youth?	_____ (Yes or No)	Youth Aged Out of Foster Care?	_____ (Yes or No)
Runaway Youth?	_____ (Yes or No)	Serious Barriers to Employment As Defined by LWIB?	_____ (Yes or No)
Ward of State?	_____ (Yes or No)		

Public Assistance

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

Family Characteristics

Family Type:		Family Size:	_____
____ Not a Family Member		Dependents Less than 18 Years:	_____
____ Not Reported		Family of 1 Due to Disability?	_____ (Yes or No)
____ Other Family Member			
____ Parent in One-Parent Family			
____ Parent in Two-Parent Family			

Name(s) of Family Member(s)	Relationship	Age	Dependent	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)

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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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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**

Income and Expenses

INCOME		EXPENSES	
		Rent/Mortgage:	
Wages:		Utilities:	
Self-Employed Wages:		Installment Payments:	
Spouse Wages:		Savings:	
Pension:		Insurance:	
Insurance Annuity:		Support Payments:	
Alimony:		Transportation:	
Allowance:		Food:	
Social Security:		Clothing:	
Public Assistance:		Household Supplies:	
Unemployment:		Medical/Dental:	
Other:		Miscellaneous:	
Income Total:		Expense Total:	

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WIA Additional Criteria (If Applicable)

Intensive Services:

Unable to Obtain or Retain Self-Sufficient Employment with Core Services? _____ (Yes or No)

In Need of Intensive Services? _____ (Yes or No)

Training Services:

Unable to Obtain or Retain Self-Sufficient Employment with Intensive Services? _____ (Yes or No)

In Need of Training Services? _____ (Yes or No)

Meets Qualifications for Selected Training Program? _____ (Yes or No)

Selected Training Program is in Demand? _____ (Yes or No)

Other Grant Sources are Unavailable? _____ (Yes or No)

Most Recent NRP Information (If Applicable)

NRP Period Dates: NRP Start Date: _____ NRP End Date: _____

NRP Characteristics:	NRP Labor Force Status:	NRP Unemployed Insurance Status:
	— Unemployed	— Receiving Benefits
	— Employed	— Eligible, but not receiving benefits
	— Not in Labor Force	— Exhausted Benefits
		— Not Eligible/Not Determined

Meets Enrollment Deadline? _____ (Yes or No)

Making Satisfactory Progress? _____ (Yes or No)

Receiving No Other Allowances? _____ (Yes or No)

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TAA Characteristics (If Applicable)

TAA Petition Number: _____

NAFTA Petition Number: _____

There is no suitable employment (which may include technical and professional employment) available for any adversely affected worker? _____ (Yes or No)

The worker would benefit from appropriate training? _____ (Yes or No)

There is a reasonable expectation of employment following completion of such training? _____ (Yes or No)

Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (which may include area vocational schools, as defined in Section 195(2) of the Vocational Education Act of 1963 for employers)? _____ (Yes or No)

The worker is qualified to undertake and complete such training? _____ (Yes or No)

Such training is suitable for the worker and available at a reasonable cost? _____ (Yes or No)

Customer Eligibility

Title/Program

Eligibility Date

Certification Date

I have reviewed the eligibility criteria for these Titles, along with all the required documents, and certify that this customer is eligible as designated.

Signature of Case Manager: _____

Initial Eligibility
Determination Date: _____

Verification & Review

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. 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 WIA post-termination follow-up. 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 any Workforce Investment Act program and may be subject to legal prosecution. I further certify that I have been informed of my rights to file a complaint.

As a parent/guardian of the applicant, I have read and understand the preceding paragraph. Further, I consent to his/her participating in

Signature of Customer or Representative: _____

Date Signed: _____

Signature of Parent or Guardian: _____

Date Signed: _____

Name of Parent or Guardian: _____

Relationship: _____