

# 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)
<input type="checkbox"/> American Indian or Alaskan Native	Gender:
<input type="checkbox"/> Asian	_____
<input type="checkbox"/> Black	Birth Date:
<input type="checkbox"/> Hawaiian or Pacific Island	_____
<input type="checkbox"/> Prefer Not To Answer	Mother's Maiden Name:
<input type="checkbox"/> White	_____
Authorized to Work in USA?	_____ (Yes or No)
Selective Service Compliant?:	_____ (Yes, No, or NA)
If Yes, specify	_____
Selective Number:	_____
Disability Status:	
<input type="checkbox"/> No Disability	<input type="checkbox"/> Disability Affecting Employment
<input type="checkbox"/> Disability	<input type="checkbox"/> Development Disability
	<input type="checkbox"/> 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:
<input type="checkbox"/> Air Force	_____	_____
<input type="checkbox"/> Army		
<input type="checkbox"/> Coast Guard	Nature of Military Discharge:	
<input type="checkbox"/> Navy	<input type="checkbox"/> Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> U.S. Marines	<input type="checkbox"/> Less than Honorable	<input type="checkbox"/> Service Connected Disability
Service Connected Disability:	Armed Forces Campaign or	
<input type="checkbox"/> No	Expeditionary Medal?	_____ (Yes or No)
<input type="checkbox"/> Disabled Vet		
<input type="checkbox"/> Special Disabled Vet	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 Srvc 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:

0       4       8  
 1       5       H.S. Freshman  
 2       6       H.S. Sophomore  
 3       7       H.S. Junior

H.S. Senior  
 College Freshman  
 College Sophomore  
 College Junior

College Senior  
 Masters  
 Doctorate  
 GED  
 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:



(Yes or No)  
(Yes, No, or NA)  
(Yes or No)

High School Dropout?  (Yes or No)

Basic Skills Deficient?

Youth In/Out School?

Behind Grade Level?

## 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:  Copy of Certificate  
 Copy of Credential  
 Copy of Degree  
 Copy of Diploma

Date Attained:

## 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:



(Yes or No)

UI Profilee?

## 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: \_\_\_\_\_

<input type="checkbox"/> Employed	<input type="checkbox"/> Fired	Job Title: _____
<input type="checkbox"/> Employed, Layoff Pending	<input type="checkbox"/> Quit	Wages: _____
<input type="checkbox"/> Labor Dispute	<input type="checkbox"/> Laid Off	Wages Per: _____

Day  
Hour  
Week  
Month  
Year

Hrs per week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Day  
Hour  
Week  
Month  
Year

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:	_____
<input type="checkbox"/> Not a Family Member		Dependents Less than 18 Years:	_____
<input type="checkbox"/> Not Reported		Family of 1 Due to Disability?	_____ (Yes or No)
<input type="checkbox"/> Other Family Member			
<input type="checkbox"/> Parent in One-Parent Family			
<input type="checkbox"/> 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
<b>Total</b>	<b>\$0.00</b>						

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:	
<b>Income Total:</b>		<b>Expense Total:</b>	

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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:  
 Unemployed  
 Employed  
 Not in Labor Force

NRP Unemployed Insurance Status:  
 Receiving Benefits  
 Eligible, but not receiving benefits  
 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

<u>Title/Program</u>	<u>Eligibility Date</u>	<u>Certification Date</u>
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: _____