

**Create a Customer and Application for Title 1Y - Youth**

This lab will create a Title 1Y Youth application for a new customer. Follow the guided process to add the information provided below. Add a suffix to last name (**1Y**) for this customer.

- 1) Search for existing customer \_\_\_\_\_
- 2) Add the Customer to database

**Contact information**

Customer name \_\_\_\_\_ (above)  
 Birth Date (10/01/1986)  
 Street Address (1313 Thompson Street)  
 City (Charleston)  
 State (Illinois)  
 Zip Code (61920)  
 County (Coles)  
 Home Phone (217-348-9999)

- 3) Use the guided process to add a Youth application to database using the following screens: List Application, Add Application and Application Definition

**Create WIA Application**

Add program **WIA**  
 Center (select one from list)  
 Contact date **10-31-2002**

**Additional Contacts (First)**

Last name – First name (Wilson Robert)  
 Relationship (family friend)  
 Street Address (1217 Walker Avenue)  
 City (Charleston)  
 State (Illinois)  
 Zip Code (61920)  
 Home Phone (217-348-4000)

**Additional Contacts (Second)**

Last name – First name (Wilbur David)  
 Relationship (family friend)  
 Street Address (127 South Street)  
 City (Charleston)  
 State (Illinois)  
 Zip Code (61920)  
 Home Phone (217-348-8860)



Create a Customer and Application for Title 1Y - YouthPrivate information

SSN (above)  
 Hispanic (no)  
 Race/Ethnic. (Black and White)  
 Gender (male)  
 USA work authorization (yes)  
 Selective Service Authorization (N/A)  
 Disabled (no)

Veteran's information

Enter **NO** for Veteran's designation

Concurrent programs

Leave all options set to **NO**

Tests

Test Date (12/15/2002)  
 Choose Iowa Tests Basic Skills for Reading and Math  
 Choose 9.0-grade level for reading, 8.0 for math

Education status

Grade completed: HS Junior  
 Pell Grant: No  
 Attending School: No  
 Full-time attending: No  
 High School dropout: yes

Employment characteristics

Labor Force (Unemployed)  
 UI Status (Not eligible/Not Determined)  
 Leave Underemployed blank

Characteristics and Barriers

Enter **yes** for Drug / Alcohol Dependency  
 Enter **no** in all other fields

Barriers

Youth at Risk of Dropping out (YES)  
 Youth Needing Assistance (YES)  
 Youth Aged out of Foster Care (Leave Blank)  
 All other fields **no**

Public Assistance

Leave all options set to **NO**  
 TANF months 0

Family Characteristics

Family Type: Other Family member  
 Family Size: 5  
 Dependants less than 18: 2



**Create a Customer and Application for Title 1Y - Youth**

Income calculation

Enter a value of \$40.00 for each of the 6 cells in the monthly Wages row  
Calculate Totals

Application date and eligibility determination date

Dates: Application date (1/05/2003)  
Determination Date (1/09/2003)

Determine Eligibility

Click on Documentation Box, and then fill out all pull-down selections

Check box for 1Y and Certify (Certify Date: 1/9/03)

4) Log Off

