|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Application Date** | **Adult Basic Career Services Eligibility Date** | **Incumbent Worker Eligibility Date** | **Adult Eligibility Date** | **Dislocated Worker Eligibility Date** | **Youth Eligibility Date** |
|  |  |  |  |  |  |
| LDWB/Region Name | |  | | | |
| Office Location Name | |  | | | |
| Office of Responsibility | |  | | | |
| Agency Code Name | |  | | | |

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name (***please include First Name, Middle Initial, and Last Name, including suffix e.g. Jr., Sr. PhD, etc***.) |  | |
| SSN (do not include any dashes) | Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Current Address | Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| County/Borough/Parish |  | |
| Ward/Borough/Township |  | |
| Community Area |  | |
| Mailing Address | \_\_\_\_\_ Mailing address is the same as Residential Address (***If this is marked with an X or checkmark you do not have to list the actual mailing address here***) | |
| Primary Phone Number | Phone type (***please identify one***) :  \_\_\_\_ Cell/Mobile Phone  \_\_\_\_ Relatives Phone  \_\_\_\_ Work Phone  \_\_\_\_ Not identified  \_\_\_\_ Home  \_\_\_\_ Other | Phone Mode:  \_\_\_\_\_ Voice  \_\_\_\_\_ TTY  \_\_\_\_\_ Voice/TTY  \_\_\_\_\_ Videophone |

|  |  |  |
| --- | --- | --- |
| Alternate Phone Number (***Optional***) | Phone type (**please identify one)** (***Optional***)  \_\_\_\_ Cell/Mobile Phone  \_\_\_\_ Relatives Phone  \_\_\_\_ Work Phone \_  \_\_\_\_ Not identified  \_\_\_\_ Home  \_\_\_\_ Other | Phone Mode:  \_\_\_\_\_ Voice  \_\_\_\_\_ TTY  \_\_\_\_\_ Voice/TTY  \_\_\_\_\_ Videophone |
| Fax Phone Number (***Optional***) | Email: (***Optional***) | |

**ALTERNATE CONTACTS:**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**DEMOGRAPHIC Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | | Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What sex were you assigned at birth, on your original birth certificate? | | \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_\_ Not Identified | |
| How would you describe yourself? | |  | |
| What would you consider your sexual identity to be? | |  | |
| Registered with the Selective Service | | \_\_\_\_ Yes  \_\_\_\_ No \_\_\_\_ Documented exemption from registration \_\_\_\_ Not Applicable  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Selective Service Registration Number & Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number) \_\_\_\_\_\_\_\_\_\_\_\_ Date | |
| Citizenship: | | \_\_\_\_ Citizen of U.S. or U.S. Territory  \_\_\_\_ Alien/Refugee Lawfully Admitted to U.S.  \_\_\_\_ U.S. Permanent Resident  \_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Alien Registration Number & Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number) \_\_\_\_\_\_\_\_\_\_\_\_ Date | |
| Hispanic  \_\_\_\_ Yes \_\_\_\_ No  \_\_\_\_\_ Information Not Provided | Haitian  \_\_\_\_ Yes \_\_\_\_ No  \_\_\_\_\_ Information Not Provided | | Race (***Please identify all***)  \_\_\_\_ American Indian or Alaska Native  \_\_\_\_ Asian  \_\_\_\_ Black or African American  \_\_\_\_ Hawaiian Native or other Pacific Islander  \_\_\_\_ White  \_\_\_\_ I do not wish to answer |
| Race Ethnicity – Asian (***Please identify all***)  **\_\_\_\_** Indian **\_\_\_\_** Pakistani  **\_\_\_\_** Bangladesh **\_\_\_\_** Sri Lankan  **\_\_\_\_** Nepalese **\_\_\_\_** Sikkimese  **\_\_\_\_** Bhutanese **\_\_\_\_** Japanese  **\_\_\_\_** Chinese **\_\_\_\_** Korean  **\_\_\_\_** Malaysian **\_\_\_\_** Thai  **\_\_\_\_** Laotian **\_\_\_\_** Cambodian  **\_\_\_\_** Vietnamese **\_\_\_\_** Other Asian | | | Race Ethnicity Hawaiian Native or other Pacific Islander (***Please identify all***)  **\_\_\_\_** Filipino  **\_\_\_\_** Hawaiian/part Hawaiian  **\_\_\_\_** Samoan **\_\_\_\_** Micronesian  **\_\_\_\_** Palauan **\_\_\_\_** Marshallese  **\_\_\_\_** Guamanian  **\_\_\_\_** Other Pacific Islander |
| Considered to have a disability  \_\_\_\_ Yes \_\_\_\_ No  \_\_\_\_\_ Not self-identified  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Type of Disability (***select all that apply***)  \_\_\_\_ Physical/Chronic Health Condition  \_\_\_\_ Physical/Mobility Impairment  \_\_\_\_ Mental or Psychiatric Disability  \_\_\_\_ Vision-related disability  \_\_\_\_ Hearing-related disability  \_\_\_\_ Learning Disability  \_\_\_\_ Cognitive/Intellectual disability  \_\_\_\_ Did not self-identify |
| Received services from a State Development Disabilities Agency (SDDA) | | | \_\_\_\_SDDA \_\_\_\_No \_\_\_\_ Unknown |
| Received services from a State or Local mental health agency (LSMHA) | | | \_\_\_\_ LSMHA \_\_\_\_No \_\_\_\_ Unknown |
| Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) Waiver | | | \_\_\_\_ HCBS Waiver \_\_\_\_No \_\_\_\_ Unknown |
| Disability Work Setting | | | \_\_\_\_ Competitive Integrated Employment  \_\_\_\_ Individual Supported Employment  \_\_\_\_ Group Supported Employment  \_\_\_\_ Sheltered Workshop  \_\_\_\_ Combination of two or more settings  \_\_\_\_ Not Employed  \_\_\_\_ Unknown |
| Type of Customized Employment Services Received | | | \_\_\_\_ Discovery assessment services  \_\_\_\_ Development of a customized employment  search plan  \_\_\_\_ Employer negotiation services  \_\_\_\_ Secured employment as a result of receiving  customized employment services and  received extended support services  \_\_\_\_ No CES services  \_\_\_\_ Unknown |
| Received Disability Financial Capability | | | \_\_\_\_ Benefit planning services  \_\_\_\_ Financial capability/asset development  services  \_\_\_\_ Benefit planning services and financial  capability/asset development services  \_\_\_\_ No  \_\_\_\_ Unknown |
| Section 504 Plan | | | \_\_\_\_Yes \_\_\_\_ No \_\_\_\_ Unknown |
| Received services from Vocational Rehabilitation | | | \_\_\_\_Yes \_\_\_\_ No \_\_\_\_ Unknown |

**VETERANS PAGE:**

|  |  |  |
| --- | --- | --- |
| **Spouse or Caregiver of a Military Member** | | |
| Are you the spouse of a member of the Armed Forces who is on active duty? | | \_\_\_\_Yes \_\_\_\_ No |
| **Military Service** | | |
| Are you currently in the U.S. Military or a Veteran? | | \_\_\_\_Yes \_\_\_\_ No |
| Are you a Transitioning Service Member that is within 24 months of retirement or 12 months of discharge from the military? | | \_\_\_\_Yes \_\_\_\_ No |
| **TRANSITIONING SERVICE MEMBER** | | |
| **SPECIAL NOTE:** You do not have to complete this section if ***Are you a Transitioning Service Member that is within 24 months of retirement or 12 months of discharge from the military***? is answered No | | |
| Type of Transitioning Service Member | | \_\_\_\_\_ Not Applicable  \_\_\_\_\_ Within 24 months of retirement  \_\_\_\_\_ Within 12 months of discharge |
| Projected Discharge Date | |  |
| **VETERAN INFORMATION** | | |
| **SPECIAL NOTE:** You do not have to complete this section if ***Are you currently in the U.S. Military or a Veteran?*** is answered No | | |
| Most recent Active Duty Begin Date | | Most recent Active Duty End Date |
| Do you have prior service dates | | \_\_\_\_Yes \_\_\_\_ No |
| Second Active Duty Begin Date | | Second Active Duty End Date |
| Third Active Duty Begin Date | | Third Active Duty End Date |
| Campaign Veteran | | \_\_\_\_Yes \_\_\_\_ No |
| Disabled Veteran | \_\_\_\_ Yes Disabled \_\_\_\_ Yes, Special Disabled (30% or higher) \_\_\_\_ No | |
| Received Services from Veterans Voc. Rehab. | | \_\_\_\_Yes \_\_\_\_ No \_\_\_\_ Unknown |
| Homeless Veteran | | \_\_\_\_Yes \_\_\_\_ No |
| Enrolled in Homeless Veterans’ Reintegration Program  \_\_\_\_Yes \_\_\_\_ No | | Homeless Veterans’ Reintegration Program Grantee |
| Veteran Status | | \_\_\_\_\_ Yes <= 180 days  \_\_\_\_\_ Yes, Eligible Veteran  \_\_\_\_\_ Yes, Other Eligible Person  \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recently Separated Veteran (within 3 years) | | \_\_\_\_Yes \_\_\_\_ No |
| Attended a Transition Assistance Program (TAP) workshop within the last 3 years | | \_\_\_\_Yes \_\_\_\_ No |

**EMPLOYMENT:**

|  |  |  |
| --- | --- | --- |
| Employment Status | | \_\_\_\_\_ Employed  \_\_\_\_\_ Employed but received notice of  termination of employment or military  separation  \_\_\_\_\_ Not Employed  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not in labor force (***Required only if Employment Status is set to Not Employed***) | | \_\_\_\_Yes \_\_\_\_ No |
| Never worked and actively looking for work(***Required only if Employment Status is set to Not Employed***) | | \_\_\_\_Yes \_\_\_\_ No |
| If employed, individual is under-employed (***Required only when Adult Basic Career Services or Incumbent Worker Eligibility Dates have been entered*** ) | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown |
| In a Registered Apprenticeship Program ***Required only when Adult Basic Career Services or Incumbent Worker Eligibility Dates have been entered*** | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Disclosed |
| Unemployment Eligibility Status | \_\_\_\_\_ Claimant \_\_\_\_\_ Exhaustee \_\_\_\_\_ Neither Claimant or  Exhaustee  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| UI Referred by Status  ***Required only when Unemployment Eligibility Status is Claimant or Exhaustee*** | \_\_\_\_\_ WPRS \_\_\_\_\_ REA \_\_\_\_\_ RESEA \_\_\_\_\_ Not Applicable | |
| Claimant has been exempted from work search  ***Required only when Unemployment Eligibility Status is Claimant or Exhaustee*** | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown |
| Date claimant was exempted from work search  ***Required only when Claimant has been exempted from work search is Yes*** | |  |
| Attended Group Orientation | | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Most Recent Date Attended Rapid Response Service ***Required only when Attended Group Orientation is Yes*** | |  |
| Rapid Response Event Name  ***Required only when Attended Group Orientation is Yes*** | |  |
| Number of Weeks unemployed | |  |
| Long-Term Unemployed (27 or more consecutive weeks) | | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Current or most recent hourly rate of pay | | $  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation of Most recent Employment prior to WIA/WIOA participation (***Optional Entry***) | |  |

**DISLOCATED WORKER INFORMATION**

|  |  |  |
| --- | --- | --- |
| **SPECIAL INSTRUCTIONS:** When the Dislocated Eligibility Date is not completed on the first page this information does not have to be completed | | |
| Employment Status at Dislocated Worker Eligibility | | \_\_\_\_\_ Employed  \_\_\_\_\_ Employed but received notice of  termination of employment or military  separation  \_\_\_\_\_ Not Employed  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Underemployed at Dislocated Worker Eligibility | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Dislocated Worker Category | \_\_\_\_\_ Terminated of laid off, or has received notice of termination or layoff and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation  \_\_\_\_\_ Terminated or laid off, or has received notice of termination or layoff, **and** has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but **is not eligible for UC due to insufficient earnings**, or **the employer is not covered under the state UC law**, **and** is unlikely to return to previous industry or occupation  \_\_\_\_\_ Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the **Permanent closure** **of** or **substantial layoff** at a plant, facility or enterprise  \_\_\_\_\_ Individual is **employed** at a facility at which the employer has made a **general announcment that the facility will close**. Enter the date the facility will close (if known) in the Projected Layoff Date below  \_\_\_\_\_ Individual was **previously self-employed** (including farmers, ranchers and fishermen), but **is unemployed** due to general **economic conditions** in the community of residence or because of **natural disaster**. Record the last date of self-employment in the Actual Layoff Date  \_\_\_\_\_ An individual who has been providing **unpaid services to family members** in the home **and** has been dependent on the income of another family member but is **no longer supported by that income**; or is the **dependent spouse** of a member of the Armed Forces on active duty and whose **family income is significantly reduced** because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; **and** is **unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment  \_\_\_\_\_ The **spouse of a member of the Armed Forces** on active duty, **and** who has experienced a **loss of employment as a direct result of relocation to accommodate a permanent change in duty station** of such member  \_\_\_\_\_ The **spouse of a member of the Armed Forces** on active duty and who is **unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment  \_\_\_\_\_ None of the above. Individual does not meet the definition of Dislocated Worker  \_\_\_\_\_ Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster  \_\_\_\_\_ State-Defined Dislocated Worker Eligibility  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment. | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided |
| Is unemployed as result of an emergency or natural disaster in the community lived in, or worked in. | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided |
| Is considered long term unemployed, as defined by the state in the NDWG grant. | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided |
| **Self-employed** Individual who became unemployed or significantly underemployed as a result of the emergency or disaster: | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided |
| Projected Date of Layoff | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
| Actual Layoff Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dislocation Employer | |  |
| Employer Address (Street, City, State, Zip, Country) | |  |
| Dislocation Hourly Wage | | $ |
| Dislocation Hourly Wage Verify | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Verified With |
| Layoff Industry | |  |
| Layoff Occupation | |  |
| Declining Industry | | \_\_\_\_\_Yes \_\_\_\_\_ No |
| If working, job lacks opportunity to advance or have a wage gain | | \_\_\_\_\_Yes \_\_\_\_\_ No |

**EDUCATION PAGE:**

|  |  |
| --- | --- |
| **Youth Eligibility Education Information** | |
| **SPECIAL NOTE:** The following information is only required when the Youth Eligibility Date is entered | |
| Most Recent Date Attended Secondary School |  |
| Within compulsory school ageand did not attend the most recent complete school year calendar quarter | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has secondary school diploma/equivalent at **Youth Program** eligibility? | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown |
| School Status at Youth Program eligibility | \_\_\_\_\_ In-school, secondary school or less  \_\_\_\_\_ In-school, Alternative School  \_\_\_\_\_ In-school, Postsecondary school  \_\_\_\_\_ Not attending school or Secondary school  dropout  \_\_\_\_\_ Not attending school; Secondary School  Graduate or has a recognized equivalent  \_\_\_\_\_ Not attending school; within age of  compulsory school attendance  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (WIOA) Attending any school | \_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Not Provided  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WIOA Education Information** | |
| Highest School Grade Completed | \_\_\_\_\_ 1 school grade completed  \_\_\_\_\_ 2 school grades completed  \_\_\_\_\_ 3 school grades completed  \_\_\_\_\_ 4 school grades completed  \_\_\_\_\_ 5 school grades completed  \_\_\_\_\_ 6 school grades completed  \_\_\_\_\_ 7 school grades completed  \_\_\_\_\_ 8 school grades completed  \_\_\_\_\_ 9 school grades completed  \_\_\_\_\_ 10 school grades completed  \_\_\_\_\_ 11 school grades completed  \_\_\_\_\_ 12 school grades completed  \_\_\_\_\_ No school grades completed |
| High School Diploma or equivalent received | \_\_\_\_\_ Yes \_\_\_\_\_\_ No |
| Highest Educational Level Completed | \_\_\_\_\_ Attained secondary school diploma  \_\_\_\_\_ Attained a secondary school equivalency  \_\_\_\_\_ For disabled, cert. of  attendance/completion - successful  completion of Individualized Education  Program  \_\_\_\_\_ Completed one or more years of  postsecondary education  \_\_\_\_\_ Attained a postsecondary technical or  vocational certificate (non-degree)  \_\_\_\_\_ Attained an Associate’s degree  \_\_\_\_\_ Attained a Bachelor’s degree  \_\_\_\_\_ Attained a degree beyond a Bachelor’s  degree  \_\_\_\_\_ No educational level completed  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School Status | \_\_\_\_\_ In-school, secondary school or less  \_\_\_\_\_ In-school, Alternative School  \_\_\_\_\_ In-school, Postsecondary school  \_\_\_\_\_ Not attending school or Secondary School  Dropout  \_\_\_\_\_ Not attending school; Secondary School  Graduate or has a recognized equivalent  \_\_\_\_\_ Not attending school; within age of  compulsory school attendance  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receiving services from Adult Education (WIOA Title II) | \_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Receiving services from YouthBuild | \_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| YouthBuild Grant Number (Required Entry Format is AA-12345-12-55-A-26) ***Required when Receiving Services from YouthBuild is set to Yes*** |  |
| Receiving services from Job Corps | \_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Receiving Services from Vocational Education (Carl Perkins) | \_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Individualized Education Program Participant | \_\_\_\_\_ Current IEP \_\_\_\_\_Previous IEP  \_\_\_\_\_ Not applicable |

**PUBLIC ASSISTANCE PAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| Temporary Assistance for Needy Families (TANF) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TANF Recipient | \_\_\_\_\_ Applicant \_\_\_\_\_ Family Member \_\_\_\_\_ Not Applicable/Unknown | | |
| Supplemental Security Income (SSI) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| SSI Recipient | \_\_\_\_\_ Applicant \_\_\_\_\_ Family Member \_\_\_\_\_ Not Applicable/Unknown | | |
| General Assistance (GA) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| GA Recipient | | \_\_\_\_\_ Applicant \_\_\_\_\_ Family Member \_\_\_\_\_ Not Applicable/Unknown | |
| Supplemental Nutrition Assistance Program (SNAP) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Refugee Cash Assistance (RCA) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RCA Recipient | | \_\_\_\_\_ Applicant \_\_\_\_\_ Family Member \_\_\_\_\_ Not Applicable/Unknown | |
| Social Security Disability Income (SSDI) | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Foster Child ***Required only when youth eligibility date has been completed*** | | | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth currently living in high-poverty area ***Required only when youth eligibility date has been completed*** | | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act ***Required only when youth eligibility date has been completed*** | | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Provided  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receiving services under SNAP Employment & Training Program | | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown |
| Receiving, or has been notified will receive, Pell Grant | | | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Ticket to Work Holder issued by the Social Security Administration | | | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown |

**BARRIERS**

|  |  |
| --- | --- |
| English language learner | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Basic Skills deficient/Low levels of literacy | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Homeless | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Runaway ***Required only when youth eligibility date is completed and age is <= 17*** | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth in, or aged-out of, Foster Care ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ No \_\_\_\_\_ Yes, currently in \_\_\_\_\_ Yes, aged out  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Out-of-home placement ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not provided  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eligible under Section 477 of the Social Security Act ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not provided  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ex-Offender | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Incarcerated at Program Entry ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Date Released from Incarceration ***Required only when youth eligibility date is completed*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| Pregnant or parenting youth ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Youth Requires Additional Assistance to complete an educational program or to secure/hold employment ***Required only when youth eligibility date is completed*** | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Displaced Homemaker | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Within 2 years of exhausting TANF lifetime eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hawaiian Native | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Single Parent (including single pregnant women) | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Disclosed |
| Cultural Barriers | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Is the individual participating in the National Farmworker Jobs Program (WIOA Sec. 167)? | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| National Farmworker Grant Number  (Enter as AA999999999A99)  ***Required only when Is the individual participating in the National Farmworker Jobs Program (WIOA Sec. 167)? is Yes*** |  |
| Eligible Migrant and Seasonal Farmworker Status | \_\_\_\_\_ Seasonal Farmworker Adult  \_\_\_\_\_ Migrant Farmworker Adult  \_\_\_\_\_ MSFW Youth  \_\_\_\_\_ Dependent Adult  \_\_\_\_\_ Dependent Youth  \_\_\_\_\_ No |
| Meets Governor’s special barriers to employment | \_\_\_\_\_ Yes \_\_\_\_\_ No |

**FAMILY AND INCOME PAGE**

|  |  |
| --- | --- |
| Due to the individual’s disability, they qualify as a Family of 1 | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Family Size (1-15) | Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Annualized Family Income (last 6 months X 2) | **$**  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FEDERAL INITIATIVES PAGE Disability Employment Initiative (DEI) Applies to TN Only**

|  |  |
| --- | --- |
| Perceived Barriers To Employment | \_\_\_\_\_ Limited Education  \_\_\_\_\_ Limited Work History/Experience  \_\_\_\_\_ Ex-Offender  \_\_\_\_\_ Substance Abuse  \_\_\_\_\_ Language Barrier  \_\_\_\_\_ No Child Care  \_\_\_\_\_ Homeless  \_\_\_\_\_ Disability  \_\_\_\_\_ None |
| Ticket To Work Participant | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know |
| Ever on Supplemental Security Income (SSI) or Social Security Disability Insurance Income (SSDI) | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know |
| Currently or Previously Employed | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Current or Most Recent Hourly Rate of Pay | $ |
| Most Recent Job Title |  |
| Begin Date of Most Recent Job | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
| End Date of Most Recent Job | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |
| Hours per Week at Most Recent Job |  |
| Benefits at Most Recent Job (***Check all that apply***) | \_\_\_\_\_ None  \_\_\_\_\_ Health Insurance  \_\_\_\_\_ Vacation  \_\_\_\_\_ Sick Leave  \_\_\_\_\_ Flexible Work Schedule  \_\_\_\_\_ Telework  \_\_\_\_\_ Customized Employment  \_\_\_\_\_ Job Sharing  \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MISCELLANEOUS**

|  |  |
| --- | --- |
| Meets the Additional Priorities established by the Governor and/or Local Board | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Ready Connections Referral | \_\_\_\_\_ No  \_\_\_\_\_ Probation  \_\_\_\_\_ Parole  \_\_\_\_\_ Juvenile Justice |
| Offender – individual has been arrested/convicted of a crime | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Offender - Felon | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Offender - Misdemeanor | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Gang Status | \_\_\_\_\_ N/A  \_\_\_\_\_ Gang Member  \_\_\_\_\_ Gang Involved  \_\_\_\_\_ At Risk Gang Involvement |
| Youth of Incarcerated Parent | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Parole Number |  |
| Substance Abuse | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Does the participant live in a low-income census tract: | \_\_\_\_\_ In low-income census tract  \_\_\_\_\_ In an adjacent census tract  \_\_\_\_\_ Meets GGRF low-income definition via  other means  \_\_\_\_\_ N/A |
| Poor Work History | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Lacks Transportation | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Lacks Childcare | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Referred by Child Support Services | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Did not self-identify |
| Without Healthcare Benefits | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Victim of domestic abuse | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Witness of Domestic Abuse | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| TAA Petition Number | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Completed one month of work search | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Intent to live and work in the State of <insert state name> Requirement Met | \_\_\_\_\_ Yes \_\_\_\_\_ No  Verified with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Declining Industry | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Low Growth Occupation | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Woman seeking training or education to move  into nontraditional field of employment: | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Prison to Employment participant | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Senate Bill (SB)1, High Road Training Partnership (HRTP) or High Road Construction Careers (HRRC) participant | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| “If formerly incarcerated, what type of facility was the sentence served?” | \_\_\_\_\_ Federal facility  \_\_\_\_\_ State Facility  \_\_\_\_\_ County Facility  \_\_\_\_\_ Not Applicable |
| Type of Federal Facility | \_\_\_\_\_ Penitentiary  \_\_\_\_\_ Tribal  \_\_\_\_\_ Military  \_\_\_\_\_ Immigration detention  \_\_\_\_\_ Home detention |
| Type of State Facility | \_\_\_\_\_ State prison \_\_\_\_\_ Male Community Reentry Program  (MCRP) \_\_\_\_\_ Custody to Community Transition  Reentry  Program (CCTRP) \_\_\_\_\_ Alternative Custody Program (ACP) \_\_\_\_\_ Community Prisoner Mother Program  (CPMP) \_\_\_\_\_ Division of Juvenile Justice (DJJ) |
| Type of County Facility | \_\_\_\_\_ County jail \_\_\_\_\_ Alternative Custody Program (ACP),  includes home detention and work  release \_\_\_\_\_ Local prison (LP), or felony prison term  served in counties under Penal Code  1170(h)(5) \_\_\_\_\_ County Juvenile Halls or Other Local  Juvenile Facilities (JH) |
| Post Release Classification | \_\_\_\_\_ Federal Supervision \_\_\_\_\_ State Parole \_\_\_\_\_ County Probation, include Post Release  Community Supervision (PRCS) |
| Type of Federal Supervision: | \_\_\_\_\_ Federal Probation (FP)  \_\_\_\_\_ Federal Supervised Release (FSR) |
| Type of State Supervision: | \_\_\_\_\_ Residential Programs  \_\_\_\_\_ Outpatient and Drop-In Programs |
| Type of County  Supervision: | \_\_\_\_\_ Post release Community Supervision  (PRCS)  \_\_\_\_\_ Fully discharged, not under any post-  release supervision |
| Justice Involved/Active County Supervision | \_\_\_\_\_ State Parole \_\_\_\_\_ County Informal Probation \_\_\_\_\_ County Probation, not PRCS \_\_\_\_\_ County Deferred Entry of Judgment \_\_\_\_\_ County Mandatory Supervision \_\_\_\_\_ County Other Diversion Program \_\_\_\_\_ County Post Release Community  Supervision (PRCS) \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year released from custody |  |
| Total time incarcerated | \_\_\_\_\_ Years \_\_\_\_\_ Months |
| Total number of offenses |  |
| Received Physical | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Received Tetanus Shot | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Received Background Check | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Received Drug Screening | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Evaluate individual for NHEG | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual is a Dislocated Worker and either they, a friend, or any member of individual's family, have a history of Opioid use. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual is a Dislocated Worker that resides or works in a community hard-hit by the Opioid crisis or can otherwise demonstrate job loss as a result of the Opioid crisis, regardless of any personal impact of the crisis on the individual. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual has never held a job. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual's work history is limited to short-term and/or part-time jobs unrelated a specific occupation or career path. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual's employment history, regardless of length, has been in affect negated due to a history of Opioid use. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Individual is interested in entering a profession that could help in addressing the Opioid crisis and its causes. | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| I acknowledge this applicant does not meet NHEG eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Acknowledged By (Staff First and Last Name) |  |
| Date Acknowledged | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

**ELIGIBILTY**

|  |  |
| --- | --- |
| **Applicant Eligibility** | |
| Applicant meets the definition for low income | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Formula Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Adult Basic Career Services | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Adult | \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Dislocated Worker | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes, Basic Only |
| Youth | \_\_\_\_\_ Yes, Out-of-School  \_\_\_\_\_ Yes, In-School  \_\_\_\_\_ No, Out-of-School  \_\_\_\_\_ No, In-School |
| Youth Exception or Limitation | \_\_\_\_\_ Serve under 5% Exception  \_\_\_\_\_ Serve under 5% Limitation  \_\_\_\_\_ Serve under both the 5% Exception and 5%  Limitation |
| Adult meets Priority of Service (POS) eligibility for Training | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Incumbent Worker Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| National Dislocated Worker Grant NDWG (formerly NEG) | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Statewide Adult Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Statewide Dislocated Worker Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Statewide Youth Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Statewide Rapid Response Additional Assistance Eligibility | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Non-WIOA Special Grants | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| Local Funded Grants | \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |
| **Grants** | |
| Grant Names To be used ***List any specific grant names to be used on this application*** |  |

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

Applicant Signature Date

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

Guardian Signature Date

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

Staff Signature Date

**SYSTEM ASSISGNED APPLICATION NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the system eligibility match the intended eligibility?** \_\_\_\_\_ Yes \_\_\_\_\_No