



## Application – Youth Programs Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 1.2

For Youth Programs

If you are age 14 - 24 and need help in learning skills that will help you obtain an appropriate education and employment, we may be able to help you. If you qualify, we offer assistance in getting a high school diploma (or equivalent) and in obtaining workplace and classroom training that leads to employment. If you are interested in such training, we invite you to complete the attached information and return it to:

You may also call for an appointment at:

If you are 18 years old or older, you may also qualify for the Adult program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

- Drivers' license, passport, school ID, or other government-issued ID that has your picture
- Signed Social Security card
- U. S. birth certificate, if you have one (If you don't, there is other documentation we can use.)
- If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States
- If you are a veteran, your DD-214
- If you are a disabled veteran, widow or widower of a veteran or an "eligible spouse," bring VA documentation of your status if you have it
- Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)
- Bring documentation of a disability, if you have one and there is documentation
- If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA, Work Pays, or SSI), being homeless, qualifying for free or reduced lunches, or having a child who qualifies for free or reduced-price lunches. You may also qualify if you live in an area that has high poverty. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you're not sure what to bring, we can help you after we talk with you.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you accept texts?  Yes  No

Message phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Relative's Name: \_\_\_\_\_ Tele. # \_\_\_\_\_

Social Security Number (used for program performance purposes) \_\_\_\_\_ County: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (at birth):  Male  Female

Are you Hispanic or Latino?  Yes  No  Prefer not to answer

What is your Race? (Select one or more):

White or Caucasian  Asian or Asian American  Black or African American

Hawaiian or Other Pacific Islander  American Indian or Alaska Native

More than one race  Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity?  Yes  No

If yes, do you need special accommodations for the disability?  Yes  No

If yes, what accommodations do you need? \_\_\_\_\_

Do you receive Social Security Disability Insurance?  Yes  No

Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job or at school?  Yes  No

Is English your primary language?  Yes  No

Do you live in a family or community where English is not the primary language spoken?  Yes  No

Are you registered with Selective Service?  Yes  No

Are you a U.S. Citizen?  Yes  No If no, are you a permanent resident alien?  Yes  No

If no for both, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States?  Yes  No

Are you a veteran?  Yes  No Are you the spouse of a veteran?  Yes  No

Are you a widow or widower of a veteran?  Yes  No

Have you registered with Arkansas Job Link?  Yes  No

Are you an Arkansas Works referral from the state Medicaid expansion program?  Yes  No  
(Arkansas Works is a Governor's initiative DHS program that refers DHS clients to DWS job service staff for employment assistance)

Have you been subject to any stage of the youth or adult criminal justice process for committing an offense or delinquent act, OR do you have trouble obtaining or keeping a job because of an arrest or conviction?  
 Yes  No

**EDUCATION**

Do you currently attend school (including college or technical education)?  Yes  No

If so, where? \_\_\_\_\_

Are you working toward a GED®?  Yes  No

Do you have a high school diploma or GED?  Yes  No

If yes, where? \_\_\_\_\_

If no, what is the highest grade you completed? \_\_\_\_\_

Do you have a college degree or certificate?  Yes  No

If yes, what is your highest degree or certificate? \_\_\_\_\_

What was your major? \_\_\_\_\_

Do you have college work toward an unfinished certificate?  Yes  No

If so, where? \_\_\_\_\_

Why did you stop? \_\_\_\_\_

**WORK HISTORY** (list current or most recent first. Please list dates as completely as possible.)

Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other:		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other:		
Employer Name: _____	Start: _____	End: _____
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Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other:		

Which best describes your current employment status? (Check all that apply)

- Employed (working for wages, self-employed, or working 15+ hours per week unpaid in family business. "Employed" includes if you are away from job because of vacation, leave, etc.)
  - Part-time  Full-time (PT is less than 30 hrs/wk or considered PT by your employer)
  - Self-employed
- Employed, but received termination notice from employer/military
- Not employed (not working, but available for work and looking for work)
- Exhausted Unemployment Benefits, and don't have an appropriate job
- Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time
- Not in labor force (not employed and have not actively been looking for work)

**INCOME**

Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:

Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):

- SNAP                     TEA                     Work Pays                     Supplemental Security Income (SSI)

Are you within 2 years of exhausting your life-time TEA eligibility?    Yes    No    N/A

List all members who live in the household at any time in last 6 month, their relationship to you, and their sources of income for last 6 months:

Family is defined two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child if needed

Name	Relationship to you	Age	All sources of Income
	Self		

(If needed, place information about additional household members on back or on additional pages)

Do you certify that the income sources above are all the sources of income for your family?

- Yes    No

If No, Explain:

**Barriers to Employment** (some barriers are included in the information already asked)

Check any of the following that you think may apply to you:

- A homeless individual (lack a fixed, regular, and adequate nighttime residence)
- A runaway (under the age of 18 and has left home without the permission of your parents/ guardians)
- In foster care, aged out of foster care, or attained the age of 16 and left foster care for kinship guardianship or adoption or an out-of-home placement
- Pregnant female or a parenting male or female (custodial or non-custodial)  
If checked, are you single?    Yes    No
- Face cultural barriers to employment because your beliefs, customs, or practices serve as a hindrance to employment

## Release of Information Acknowledgement & Consent

\_\_\_\_\_ I authorize \_\_\_\_\_, the local provider of WIOA Title I-B Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

\_\_\_\_\_ I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

\_\_\_\_\_ I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

\_\_\_\_\_ I agree that a copy of this authorization may be used as an original.

\_\_\_\_\_ This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

\_\_\_\_\_ I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

\_\_\_\_\_ I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

\_\_\_\_\_ I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature, if applicant is under 18 years old

\_\_\_\_\_  
Date