

Workforce Connections, Inc. Workforce Innovation & Opportunity Act (WIOA) Application

Please Print Clearly in Ink. Thank You!

Last Name	First Name	Social Security Number	Date
Alternate Contact		Relationship	Contact Telephone Number
Alternate Contact		Relationship	Contact Telephone Number

HOUSEHOLD MEMBERS

Please list below every person living in your home at any one time during the last six months. This information will be used to determine eligibility for program funding. The WIOA definition of family: 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:

- 1) Husband, wife and dependent children. 2) Parent or guardian and dependent children. 3) Husband and wife.

NAME	RELATIONSHIP TO YOU	FAMILY MEMBER?	AGE	EMPLOYER/ SOURCE OF INCOME	HOURLY WAGE	HRS PER WEEK	START DATE	END DATE
	Self	Yes						

If any of your family members have had more than one job in the last 6 months, please provide additions here, or attach separately

Did all of the people listed above live with you for the entire 6 months? Yes No

For each type of income listed below, please write the amount your family in this household has received per month, *within the last six months* (Include all *income* from household members listed above.)

	Per Month	Last Six Months		Per Month	Last Six Months
Gross Wages/Salary/Tips/Commissions	_____	_____	Child Support Payments	_____	_____
Net self-employment income	_____	_____	Military family allotments	_____	_____
Pensions	_____	_____	Training stipends	_____	_____
Worker’s Compensation	_____	_____	Net gambling or lottery winnings	_____	_____
Strike benefits from union funds	_____	_____	Armed Forces terminal leave pay	_____	_____
Disaster Relief Employment wages	_____	_____	On-the-Job Training (OJT) wages	_____	_____
Alimony	_____	_____	Social Security Old Age Survivor’s	_____	_____
Unemployment Compensation	_____	_____	Insurance proceeds (unless lump sum)	_____	_____
Wages while on reserve duty in the Armed Forces	_____	_____	Regular payments from non-household members or absent family members	_____	_____
Regular payments from pension/retirement systems	_____	_____	Non-Social Security retirement, disability, or death benefits	_____	_____
Severance pay or cash out of accrued vacation leave	_____	_____	Merit-based college/university scholarships, grants, fellowships, & assistantships	_____	_____
Money received under the Agricultural Crop Stabilization Program	_____	_____	Regular insurance or annuity (IRAs, KEOUGH, 401(i) plans, etc.) payments	_____	_____
Judgments of Indian Claim Commission of US Court of Federal Claims	_____	_____	Tribal per capita payments from gaming revenue	_____	_____
Social Security Disability Insurance (SSDI)	_____	_____	Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts	_____	_____

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NEPOTISM

"Family member" for these two questions means wife, husband, son, daughter, mother, father, sister, sister-in-law, brother, brother-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, grandmother, grandfather, aunt, uncle, niece, nephew, stepparent, or stepchild.

Do you have a family member who is on the Workforce Connections, Inc. Board of Directors? Yes No

Do you have a family member who is employed by the Workforce Connections, Inc.? Yes No

If yes to either question, please name family member _____

1. I certify that the information on this form is true to the best of my knowledge.
2. I agree to allow the release of information on this form for any verification check and/or employment assistance activity to partner agencies involved in providing employment and training services.
3. I understand that the information may be checked and that I may have to show documents to support it.
4. I understand that WIOA funded services are not guaranteed and I do not have legal or entitlement rights to such services.
5. I have received a copy of the Rights and Responsibilities and Grievance Procedures.

Applicant Signature

Staff Signature

Date

Date

FOR WORKFORCE CONNECTIONS STAFF USE ONLY

GENERAL ELIGIBILITY DOCUMENTATION VERIFICATION

Age _____ DOB _____ Document Type _____ Document Number _____

Citizenship

See List of Acceptable Documents (on IRS Form I-9). List one document from List A or one from Lists B and C.

	List A	List B	List C
Document Title	_____	_____	_____
Issuing Authority	_____	_____	_____
Document Number	_____	_____	_____
Expiration Date	_____	_____	_____

Selective Service (if applicable)

Number _____ Document: Internet Telephone Other: _____

Staff Signature _____ Date _____

Signature denotes verification of documentation provided for eligibility purposes.

SOCIAL SECURITY NUMBER

Document here only if the social security number is not documented above. This number is not required for eligibility, but helps in ensuring performance credit for WIOA.

Number _____ Document _____

SELF-SUFFICIENCY (Please complete the Self-Sufficiency calculator in ASSET and place a copy in the participant file)

Is applicant self-sufficient? Yes No

PREVIOUS 6-MONTHS INCOME

Income Previous 6 Months to Determine Low Income Status for WIOA worksheet is attached

ENROLLMENT PROGRAM AND ENROLLMENT DATE

Adult Program Enrollment Date _____

Dislocated Worker Program Enrollment Date _____