

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 (not living with you)		Relationship	Contact Telephone Number
Alternate Contact (not living with you)		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:

- Husband, wife and dependent children.
- Parent or guardian and dependent children.
- 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 a separate sheet of paper

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: persons related by birth, marriage or decree of court. Examples include husband, wife, dependent children, parent or guardian)

	Per Month	Last Six Months		Per Month	Last Six Months
Gross Wages/Salary	_____	_____	Training stipends	_____	_____
Tips	_____	_____	Grants (except Pell grants)	_____	_____
Commissions	_____	_____	Fellowships or assistantships	_____	_____
Net self-employment income	_____	_____	Terminal leave pay or severance pay	_____	_____
Fees for services rendered	_____	_____	Cash out of accrued vacation leave	_____	_____
Net royalties	_____	_____	Railroad Retirement	_____	_____
Disaster Relief Employment wages	_____	_____	Pensions	_____	_____
On-the-Job Training (OJT) wages	_____	_____	Worker's Compensation	_____	_____
Military family allotments	_____	_____	Alimony payments received	_____	_____
Regular financial assistance from family/friends outside the household	_____	_____	Strike benefits from union funds	_____	_____
College or university scholarships (not needs-based)	_____	_____	Social Security Disability Insurance (SSDI) payments	_____	_____
Net rental income	_____	_____	Regular insurance or annuity payments	_____	_____
Net gambling or lottery winnings	_____	_____	Periodic receipts from estates or trusts	_____	_____
			Dividends or interest	_____	_____

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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

Social Security

Number _____ Document _____

Age _____ Document Type _____ Document Number _____ DOB _____

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	_____	_____	_____

SELF-SUFFICIENCY (Please fill out the Self-Sufficiency form and place in the participant file)

Is applicant self-sufficient? Yes No

PREVIOUS 6-MONTHS INCOME

WIOA Participant Employment Information to determine Low Income Status worksheet is attached

ENROLLMENT PROGRAM AND ENROLLMENT DATE

- Adult Program Enrollment Date _____
- Regular Dislocated Worker Enrollment Date _____
- Special Response Grant Enrollment Date _____
- National Emergency Grant Enrollment Date _____

For all dislocated workers, you must have a layoff letter and Unemployment Insurance documentation.