

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

**Please Print Clearly in Ink. Thank You!**

Last Name	First Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date
Alternate Contact		Relationship	Contact Telephone Number
Alternate Contact		Relationship	Contact Telephone Number
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hmong <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Language _____ Disability or limitation that affects getting or keeping a job <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest or conviction record that limits your ability to get or keep a job <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 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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### How did you hear of our services?

- |   |  |
|---|--|
| <input type="checkbox"/> Job Center<br><input type="checkbox"/> Another Agency _____<br><input type="checkbox"/> Company dislocation informational meeting<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Advertisement - <input type="checkbox"/> Newspaper <input type="checkbox"/> Brochure <input type="checkbox"/> Radio/TV <input type="checkbox"/> Job Fair <input type="checkbox"/> Other _____ | <input type="checkbox"/> Friend or Relative<br><input type="checkbox"/> Internet/Website<br><input type="checkbox"/> Other _____ |
|---|--|

### 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	Date	Staff Signature	Date
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**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
<b>Document Title</b>	_____	_____	_____
<b>Issuing Authority</b>	_____	_____	_____
<b>Document Number</b>	_____	_____	_____
<b>Expiration Date</b>	_____	_____	_____

**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**

<input type="checkbox"/> Adult Program	Enrollment Date _____
<input type="checkbox"/> Dislocated Worker Program	Enrollment Date _____