



**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
APPLICATION FOR SERVICE**

APPLICANT DATA										*EO DATA					
SSN:															
First Name:					MI:	Last Name:									
Address:					City:			State:		Zip:					
Email:					Primary Contact Phone										

DEMOGRAPHICS														
					*Date of Birth (M/D/Y) : ___/___/___			*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						

Yes  No **U.S. Citizen or Legally Entitled to Work in the U.S.** (Check one only)

Yes  No **Eligible Non-Citizen: Card Expiration Date:** \_\_\_\_\_

<b>Employment Status at Enrollment: (Check one only)</b> <input type="checkbox"/> Employed <b>If employed, hours per week</b> _____ <input type="checkbox"/> Employed (stop gap employment-Dislocated Workers only) <input type="checkbox"/> Employed w/Military Separation <input type="checkbox"/> Employed w/ Notice of Termination <input type="checkbox"/> Not Employed <input type="checkbox"/> Long-term Unemployed	<b>*Ethnicity:</b> (Hispanic or Latino) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Race:</b> (More than one race can be checked ) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Information Not Provided
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<b>Unemployment Compensation (UC) Eligible Status:</b> <input type="checkbox"/> UC Claimant <input type="checkbox"/> Exhausted <input type="checkbox"/> Not Applicable	<b>*Individual with Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed
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VETERAN INFORMATION/SELECTIVE SERVICE									
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Served in the U.S. Military</b> Active Duty Dates From: _____ To: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Transition Service Member</b> <input type="checkbox"/> 12 mos. <input type="checkbox"/> 24 mos. <input type="checkbox"/> Yes, Other Eligible Person (spouse/other covered person) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Campaign Veteran</b> _____ Campaign Name <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Vietnam Era Veteran</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Disabled Veteran</b> _____ Percent <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Special Disabled Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Recently Separated Veteran</b> (within last 48 months) <b>Selective Service:</b> (Males 18 or older; born on or after Jan. 1, 1960) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required If yes, Selective Service Number: _____								

EDUCATION INFORMATION									
<b>Circle Highest Grade Completed:</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 Other: _____ <b>School Status at Enrollment (Check only if attained)</b> <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Attained Certificate of Attendance/Completion	<b>In School: (Currently attending)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>School Name</b> _____ (High school, alternative school, college, voc.tech.) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dropped out of High School</b> (Did not attain a diploma, GED or certificate of completion)								

OTHER WIOA-RELATED INFORMATION (Check all that apply)					OFFICE USE ONLY:				
<b>Needs Translation Assistance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Single Parent or Pregnant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you defaulted on any student loans?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Migrant/Seasonal Farm worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ex-Offender</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>WIOA ADULT</b> <input type="checkbox"/> <b>WIOA DISLOCATED WORKER</b> <input type="checkbox"/> <b>SPECIAL FUND SOURCE</b> NAME _____							



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<b>EMPLOYMENT INFORMATION</b>		
<b><u>CURRENT OR MOST RECENT EMPLOYMENT</u></b>		
<b>Employer Name:</b>		
Address:		Start Date: ___/___/___ End Date: ___/___/___
City:	State:	Zip Code:
Job Title:	Hourly Wage: \$_____	Hours Per Week: _____
<b>Job Duties:</b>		
<b>Reason for Leaving:</b> <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Illness <input type="checkbox"/> Still Employed <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other _____		<b>Skill Level:</b> <input type="checkbox"/> Entry Level <input type="checkbox"/> Semi-Skilled <input type="checkbox"/> Skilled
<b><u>PREVIOUS EMPLOYMENT</u></b>		
<b>Employer Name:</b>		
Address:		Start Date: ___/___/___ End Date: ___/___/___
City:	State:	Zip Code:
Job Title:	Hourly Wage: \$_____	Hours Per Week: _____
<b>Job Duties:</b>		
<b>Reason for Leaving:</b> <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Illness <input type="checkbox"/> Still Employed <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other _____		<b>Skill Level:</b> <input type="checkbox"/> Entry Level <input type="checkbox"/> Semi-Skilled <input type="checkbox"/> Skilled
<b>For other employment history attach another form</b>		



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<b>THIS SECTION IS USED FOR WIOA ADULT PROGRAM APPLICANTS ONLY:</b>				
<b>PUBLIC ASSISTANCE</b> Are you currently or within the <u>last 6-months</u> received any of the following?				
<b>Assistance Type:</b>	<b>Check all that apply:</b>		<b>Monthly Total:</b>	
Temporary Assistance for Needy Families-TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Supplemental Security Income-SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Refugee Cash Assistance-RCA	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
General Assistance-GA (ABD/MCS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Supplemental Nutrition Asst. Program (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Receives or is eligible to receive a free or reduced lunch (youth only) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Social Security Disability Insurance-SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>FAMILY SIZE/FAMILY INCOME</b> (If you are currently receiving Public Assistance you do not have to complete this section.)				
<p><b>Definition of Family under WIOA:</b> Means two or more individuals related by blood, marriage, or decree of court, who are living in a single residence, and are included in one of the following categories: <b>(Check one only)</b></p> <p><input type="checkbox"/> <b>Married couple and dependent children</b></p> <p><input type="checkbox"/> <b>Parent or guardian and dependent children</b></p> <p><input type="checkbox"/> <b>Married couple</b> as defined within the Washington Marriage Equality Act (RCW 26.60)</p> <p><input type="checkbox"/> <b>Individual with a disability</b> If the family of a disabled individual does not meet the income eligibility criteria, the disabled individual may be considered a low -income individual if their own income meets the income criteria of WIOA. The disabled individual would be considered a family of one and only the individual's income would be considered when determining low-income.</p>				
<b>INCOME RECEIVED FROM: Beginning Date: ( M/D/Y) ___/___/___ Through Ending Date: ( M/D/Y) ___/___/___</b> <i>EXAMPLE: If the Intake Date is 7/1/2016, include gross income received from January 1st through July 1st for the entire six- month period.</i>				
<b>Family Member Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Income Source</b>	<b>Total Gross Amount received during last 6 months</b>
	Applicant			\$
				\$
				\$
				\$
				\$
				\$
<b>Total Family Members:</b>	Record the <b>total gross amount income received</b> for the last six months for <b>each family member</b> . If there are more than six family members use an additional form.			\$



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<b>OFFICE USE ONLY: PROGRAM ELIGIBILITY</b>		
<b>WIOA ADULT ONLY</b>	<b>WIOA DISLOCATED WORKER ONLY</b>	<b>WIOA YOUTH ONLY</b>
<p><b>Priority Service Groups: (Check one only)</b></p> <p><b>Priority 1</b>  <input type="checkbox"/> Veteran    <input type="checkbox"/> Eligible Spouse            Covered persons (veterans &amp; eligible spouses) <u>who are</u> low income (may include unemployed persons) or recipients of public assistance or basic skills deficient.</p> <p><b>Priority 2</b>  <input type="checkbox"/> Low Income            Individuals (non-covered persons) who are low income (may include unemployed persons) or recipients of public assistance or basic skills deficient.</p> <p><b>Priority 3</b>  <input type="checkbox"/> Veteran    <input type="checkbox"/> Eligible Spouse            Covered persons (veterans and eligible spouses) <u>who are not</u> low income and <u>are not</u> recipients of public assistance.</p> <p><b>Priority 4</b>  <input type="checkbox"/> Authorized by Career Path Services</p> <p>Barrier _____</p> <p><b>(Check one only)</b>  <b>Pell Grant Status:</b>  <input type="checkbox"/> No, Application Pending  <input type="checkbox"/> No, Applied for but Denied  <input type="checkbox"/> No, Application submitted  <input type="checkbox"/> No, Not Applicable  <input type="checkbox"/> Yes, Received Pell Grant</p> <p>Amount for School Year \$ _____</p>	<p><b>Job of Dislocation/Employer Name:</b>            _____</p> <p><b>Date of Actual qualifying Dislocation:</b>            _____/_____/_____ (M/D/Y)</p> <p><b>Job Title:</b>            _____</p> <p><b>Hourly Wage:</b> \$ _____</p> <p><b>Dislocated Worker Eligibility: (Check one only)</b>  <input type="checkbox"/> Dislocated Military Service Members  <input type="checkbox"/> Dislocation from Facility Closure  <input type="checkbox"/> Substantial Layoff  <input type="checkbox"/> Displaced Homemaker  <input type="checkbox"/> General Dislocation  <input type="checkbox"/> Self Employed Dislocation  <input type="checkbox"/> Spouses of Military Service Members</p>	<p align="center"><b>(Check all that apply)</b></p> <p><b>Program eligibility requires a barrier(s)</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No Basic Skills Deficient  <input type="checkbox"/> Yes    <input type="checkbox"/> No English Language Learner  <input type="checkbox"/> Yes    <input type="checkbox"/> No Foster Care  <input type="checkbox"/> Yes    <input type="checkbox"/> No Homeless/Runaway  <input type="checkbox"/> Yes    <input type="checkbox"/> No Individual with a disability  <input type="checkbox"/> Yes    <input type="checkbox"/> No Ex-Offender  <input type="checkbox"/> Yes    <input type="checkbox"/> No Pregnant or Parenting  <input type="checkbox"/> Yes    <input type="checkbox"/> No Requires Additional Asst.</p> <p><b>Education Status: (Check one only)</b>  <b>In School:</b>  <input type="checkbox"/> <b>Age requirement (14-21) at enrollment</b>  <input type="checkbox"/> In School, High School or Less  <input type="checkbox"/> In School, Alternative School  <input type="checkbox"/> In School, Attending Post High School  <b>(not Basic Skill Deficient)</b></p> <p><b>Out of School:</b>  <input type="checkbox"/> <b>Age requirement (16-24) at enrollment</b>  <input type="checkbox"/> Out of School, Attending Post High School (Basic Skill Deficient)  <input type="checkbox"/> Out of School, Not Attending School or High School Dropout  <input type="checkbox"/> Out of School, Not Attending School, High School Graduate /GED/Certificate of Attendance/Completion</p> <p><b>Income Eligibility: (Check One Only)</b>  <input type="checkbox"/> Public Assistance  <input type="checkbox"/> Low Income  <input type="checkbox"/> Not Low Income (5% window)            (Requires pre-approval from (Career Path Services))</p>
<b>CERTIFICATION AND ACKNOWLEDGEMENT</b>		

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of federal funds.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if applicant is under 18 years of age)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Signature of WIOA Program Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month-Day-Year