



Meigs County

A proud partner of the American Job Center network

**WIOA Program Application
Athens, Meigs, and Perry County**

Please complete the entire WIOA Application. This Information will be used to determine WIOA Eligibility and Suitability. All information is kept confidential and is shared with our OhioMeansJobs Partners on a need to know basis.

APPLICANT INFORMATION

Date of Application: _____ County: _____
 Name: _____ SSN: _____
 Mailing Address: _____
 Home Phone: () _____ Cell Phone: () _____
 Email: _____
 Are you homeless? Yes No
 Please select a method in which you prefer to receive your notifications:
 Home Phone Cell Phone Text Letter Mailed

DEMOGRAPHIC INFORMATION

| | |
|--|---|
| Date of Birth (mm/dd/yyyy) | Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Other: _____ |
| Age: | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Citizenship: U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted
 Are You Registered with Selective Service? (males only born on or after 1/1/1960) Yes No N/A
 Selective Service Registration #: _____ Registration Date: _____

DISABILITY

Do you have a disability? Yes * No Not Specific
 * Are you receiving Supplemental Security Income (SSI)? Yes No
 * Are you receiving Social Security Disability Insurance (SSDI)? Yes No

DRIVER'S LICENSE INFORMATION

Do you have a Driver's License? Yes No
 What state? _____
 Driver's License Type? Regular Commercial (CDL) CDL Endorsements
 Do you have reliable transportation? Yes No

CRIMINAL BACKGROUND

Have you convicted of a felony? Yes No
 If yes, explain? _____

VETERAN INFORMATION

Did you serve in the active duty military, naval, or air service? Yes No

| Branch | Date Entered | Date Released | Type of Discharge |
|--------|--------------|---------------|-------------------|
| | | | |

Did you serve more than one tour of duty? Yes No
 Are you a disabled veteran? Yes No
 Are you a campaign veteran? Yes No
 Are you receiving Veteran training assistance? Yes No

INCOME INFORMATION

List family members (including you) and income information. Income is for the last 6 months and may include gross earnings from employment, social security, veteran benefits, alimony or child support, workers compensation, and so forth. You will need to provide verification of the income during your initial visit with the caseworker.

2017 – Lower Living Standard Income Level (LLSIL) for Ohio (add \$4,999 for each add'l person to yearly amount)

| Family Size | Yearly Gross Income |
|-------------|---------------------|
| 1 | \$9,159 |
| 2 | \$14,997 |
| 3 | \$20,591 |
| 4 | \$25,418 |
| 5 | \$30,002 |
| 6 | \$35,086 |

What is your family size? (Include only those living with you) _____

Do you receive? Food Assistance Cash Assistance SSI/SSDI

| Name of Family Member | Relationship | Source of Income | Last 6-months total |
|-----------------------|--------------|------------------|---------------------|
| Applicant | Self | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach Additional Sheets if needed

- Living in a high-poverty area (ask your WIOA Case Manger to see if you live in this area)
- Do you received or are eligible to receive a free or reduced price lunch. If yes, please list school district you attend: _____

BARRIERS

Please check all that applies

| | | |
|---|--|---|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Offender | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Parenting | <input type="checkbox"/> School Dropout |
| <input type="checkbox"/> School Attendance Issues | <input type="checkbox"/> Disability: _____ | <input type="checkbox"/> |

EDUCATIONAL INFORMATION

Check last grade completed)

- | | | |
|---|---|---|
| <input type="checkbox"/> Completed 7 th grade | <input type="checkbox"/> Completed 8 th grade | <input type="checkbox"/> Completed 9 th grade |
| <input type="checkbox"/> Completed 10 th grade | <input type="checkbox"/> Completed 11 th grade | <input type="checkbox"/> Completed 12 th grade; no diploma |
| <input type="checkbox"/> Attained Attendance Completion | <input type="checkbox"/> Attained GED | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Vocational/Tech Certificate | <input type="checkbox"/> Some College Years _____ | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Other, Explain: _____ | |

Are you currently?

- | | |
|---|---|
| <input type="checkbox"/> Attending Middle School | <input type="checkbox"/> Not attending school (dropped out) |
| <input type="checkbox"/> Attending High School | <input type="checkbox"/> High School Graduate, not attending school |
| <input type="checkbox"/> Attending College (already registered for classes) | <input type="checkbox"/> Enrolled in post-secondary school but not registered for classes |
| | <input type="checkbox"/> Enrolled in Youth Build |
| | <input type="checkbox"/> Enrolled in Job Corp |
| | <input type="checkbox"/> Attending ABLE for GED |

Name of Current School _____
 Program of Study _____
 Completion Date _____
 Current grades/GPA _____

List the names of schools you have attended, including high schools.

| School | Course of Study | Did You Graduate/Complete? | | Date of Completion |
|--------|-----------------|------------------------------|-----------------------------|--------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

List any professional license and/or certificates you hold:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

TRAINING GOALS

What is your desired job title? _____

Why do you want WIOA assistance? Do you need assistance with any of the following?

| | |
|---|--|
| <input type="checkbox"/> Assist in preparing for employment | <input type="checkbox"/> Assist in attaining a diploma, degree, and/or certificate |
| <input type="checkbox"/> Prepare with post-secondary education and training opportunities | <input type="checkbox"/> Help with determining demand occupation and get help with connecting to employers |
| <input type="checkbox"/> Tutoring Assistance | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Assistance with Educational testing | <input type="checkbox"/> Entrepreneurial |

Is training required for you to meet your goals?

Have you selected a school/program?

Yes

No

If yes, school name? _____

Have you been accepted in the school?

Yes

No

If yes, when you start? _____

Is your choice of study a demanding occupational skill?

Yes

No

Have you applied for financial aid, scholarships, or grants which will help your training cost?

| | | | |
|--------------------------------|------------------------------|-----------------------------|---------|
| PELL | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Ohio College Opportunity Grant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| GI Bill | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |

Approximately, how much are you needing after financial aid/scholarship are applied? _____

Are you on financial aid hold with any educational institute?

Yes

No

Have you been on financial aid hold in the past?

Yes

No

EMPLOYMENT

List current and previous employers, beginning with your current or most recent job

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Hourly Wage: \$ _____

Hours per Week: _____ Shift: _____ Paid Volunteer Internship

Start Date (Month/Year): _____ End Date (Month/Year): _____

Main Duties: _____

Reason for Leaving Laid off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Hourly Wage: \$ _____

Hours per Week: _____ Shift: _____ Paid Volunteer Internship

Start Date (Month/Year): _____ End Date (Month/Year): _____

Main Duties: _____

Reason for Leaving Laid off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Hourly Wage: \$ _____

Hours per Week: _____ Shift: _____ Paid Volunteer Internship

Start Date (Month/Year): _____ End Date (Month/Year): _____

Main Duties: _____

Reason for Leaving Laid off Quit Terminated Other Employment Other

Explain Reason: _____

DISLOCATED WORKER STATUS

Please check any of the following categories that you currently belong to:

Terminated or laid off, or received a notice of termination or layoff from employment

Has been terminated or laid off or has received a notice of termination or layoff from employment; **AND**
Is eligible for or has exhausted entitlement to unemployment compensation; **OR**

Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a state unemployment compensation law; **AND**

Is unlikely to return to a previous industry or occupation

Plant closure or substantial layoff

Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of or any substantial layoff at a plant, facility, or enterprise; **OR**
Is employed at a facility where the employer has made a general announcement that such facility will close within 180 days, **OR**

Employed at a facility at which the employer has made a general announcement that such a facility will close

Displaced homemaker

An individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment (may include spouses of dislocated workers)

Military Spouse

Is the spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty state of such member; **OR**

Is the spouse of a member of the Armed Forces on active duty and who meets the criteria of a displaced homemaker who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment

STATEMENT OF UNDERSTANDING

All services must be authorized by WIOA Case Manager prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of me, the applicant. _____(initial)

I understand that my circumstances may differ from all other WIOA applicants. My employment plan is unique to me and therefore my assistance may differ from other applicants to include the types of assistance, the amount of assistance, the time frame, and the outcomes. _____(initial)

I understand that my eligibility for WIOA does not mean that I have automatically accepted into the program. _____(initial)

I understand WIOA is not "financial aid" but WIOA is a program that provides assistance to me in obtaining suitable employment. _____(initial)

WIOA applications that are placed on the waiting list will be destroyed every June 30th. Applicants will be made aware by letter that they will need to apply July 1st. _____(initial)

I understand that my applications will be reviewed in the order of receipt and the WIOA Case Manager will be in contact with me to discuss my suitability and eligibility of services. _____(initial)

The information I have provided on this form is true and correct to the best of my knowledge. I authorize County Department of Job and Family/ OhioMeansJobs Center Services to obtain, provide, and exchange information I have provided and other information that may be required with employers, training facilities, and other organizations for the purpose of determining my eligibility, suitability, and providing services.

Applicant Signature and Date

Case Manager/Date received



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Determination of WIOA Dependent Status Checklist

If the answer of any of the below categories is “YES”, the individual is considered to be independent of his/her parent(s) or guardian(s).

*Support as it relates to dependent includes food, clothing, shelter, utilities, education, medical, and dental care, recreation, and transportation; as well as cash public assistance and food assistance.

| ✓ | REQUIRED DOCUMENTATION | YES | NO | DOCUMENTATION AND COMMENTS ON FILE |
|--------------------------|--|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Are you 24 or older? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Are you married? (Answer “Yes” if you are separated but not divorced) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Do you have children who receive more than half of their support* from you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Do you live in your own residence or in a residence without support from parents or guardian? | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Are you currently serving on active duty in the U.S. Armed Forces for purpose other than training? (If you are a National Guard or Reserves enlistee, are you on active duty for other than state or training purposes?) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | Are you a veteran of the U.S. Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> | |

By signing this document, you attest that all information provided is true and valid.

Signature

Date



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Serving Immediate Family Members, Close Acquaintances and Other Stakeholders
Disclosure Questionnaire

Purpose: In order to ensure that all individuals applying for WIA funded services are serviced in an ethical manner that is free from any real or perceived conflicts of interest.

Instruction: Please indicate if you have a close family member* or an immediate family member** employed by, or a part of:

- County Job and Family Services
- OhioMeansJobs Center
- Area 14 Workforce Investment Act Board Members
- Local elected officials
- WIA Stakeholder

| | |
|---------------------|--|
| Close Family Member | Includes parents, children, sibling, spouse, domestic partners. (As defined by the State of Ohio Governor’s Executive Order 2007-OIS) |
| Immediate Family | Consist of the individual’s parents (including step-parents), spouse, domestic partner, children (including step-children), foster children, sibling, grandchildren, grandparents, and any relatives by marriage (an “in-law”). |
| Stakeholders | Individuals not related to WIOA agency staff or management, that have direct or indirect management or responsibility for managing the WIOA workforce system, including managers, supervisors, local elected officials, contractors, Workforce Policy Board, Youth Council Members, WIOA employees, and OhioMeansJobs Partners |

- No, I do not have a close or immediate family relationship with any of the groups of people listed above
- Yes, I do have a close or immediate family relationship with one or more people belonging to a group listed above (if more than one, please list every person)

Name of person that I have a close or immediate relationship with: _____

Employer/position/agency of this person: _____

My relationship to this person (sibling, aunt, grandmother, etc.): _____

Applicant’s signature: _____

Applicant’s name printed: _____

Date: _____



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WIOA Release of Information Consent

| RELEASE INFORMATION FOR ELIGIBILITY | Initial Here |
|---|---------------------|
| I authorize the release of my information to the WIOA Case Manager as necessary to determine my eligibility for the WIOA Youth Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services, including OhioMeansJobs Partners. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner. | |

| RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION | Initial Here |
|--|---------------------|
| I authorize the release of my current and past educational records from high school, colleges, universities, and training schools to the WIOA Case Manager. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. | |

| RELEASE INFORMATION FOR EMPLOYMENT | Initial Here |
|--|---------------------|
| I authorize the release of my past, current and future employment information to the WIOA Case Manager during my participation in this WIOA program (including 12-month follow up activity). Such records include information related to my job title, start/end day, hourly wages, and hours worked per week. | |

The purpose of this release is to allow OhioMeansJobs Center to assist me in my job search/placement and training. I understand my right to privacy and hereby waive the right solely for the above purpose. This release is valid during my participation in the WIOA program.

Signature

Date

WIOA Case Manager

Date