

WIOA Eligibility Application
PLEASE PRINT

Interested in Career Training
Interested in Work Experience

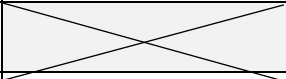
BACKGROUND

| | | |
|-------------------------------------------------|-------------------------|-------------------|
| 1. Name: Last: _____ First: _____ Middle: _____ | | |
| 2. SSN: _____ | | |
| 3. Parish: _____ | | |
| 4. Address: _____ | | |
| 5. City: _____ | 6. State: _____ | 7. Zip: _____ |
| 8. Phone Number: _____ | 9. Email Address: _____ | |
| 10. Birthdate (MM/DD/YYYY): _____ | 11. Age: _____ | 12. Gender: _____ |
| 13. Please indicate race: _____ | | |

Please check Yes/No for the following questions:

| | YES | NO |
|------------------------------------------------------------------------------------------------|-----|----|
| 14. Are you married? | | |
| a. If yes, indicate your spouse's name, occupation, and military status (if applicable): _____ | | |
| 15. Were you previously deemed eligible under WIA or WIOA? | | |
| 16. Are you a U.S. citizen? | | |
| 17. Are you a veteran? | | |
| 18. Are you an 18 year old male registered with selective service? | | |
| 19. Do you have a documented or service related disability? | | |
| 20. Are you over the age of 25 and, have been charged with and/or convicted of a felony? | | |
| 21. Can you pass a drug test? | | |

| EDUCATION | | |
|----------------------------------------------------------------------------|-----|----|
| Please check Yes/No for the following questions: | YES | NO |
| 22. Have you applied for FAFSA/ Pell Grant and other financial assistance? | | |
| 23. Are you currently attending school, training, or educational classes? | | |
| a. If yes, please list: | | |
| 24. Did you complete high school or get a GED? | | |
| a. If not, what was the highest grade you completed? | | |
| 25. Have you received any education/training after high school? | | |
| a. If yes, please list: | | |
| b. Did you complete program(s)? | | |

| INCOME | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------|------------------------|---------------------------------|----|
| Please check Yes/No for the following questions: | | | | YES | NO |
| 26. Are you a recipient of public assistance funding? If so, indicate below. | | | | | |
| a. TANF | | | | | |
| b. SNAP/Food Stamps | | | | | |
| c. Other (Please list): | | | | | |
| 27. List all family members living in your house or home. Family - The term "family" means 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: (A) A husband, wife and dependent children. (B) A parent or guardian and dependent children. (C) A husband and wife. Also list the monthly gross income for the last six months for each household member and attach check stubs. If no income, place 0. If answered "yes" to Number 26 above, no check stubs are required. | | | | | |
| Name | Age | Relationship to Applicant | Social Security Number | Money Received in past 6 months | |
| Applicant: | |  | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 27a. Continued: | | | | |
|-----------------|-----|---------------------------|------------------------|---------------------------------|
| Name | Age | Relationship to Applicant | Social Security Number | Money Received in past 6 months |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| EMPLOYMENT | | | | |
|----------------------------------------------------------------------------|--|-----------------|-----|----|
| Please check Yes/No for the following questions: | | | YES | NO |
| 28. Are you currently employed? | | | | |
| 29. If No , were you laid-off from most recent employment? | | | | |
| 30. Are you eligible to receive Unemployment Benefits? | | | | |
| 31. Please list your previous employment. List your most recent job first: | | | | |
| Employer: | | Job Title: | | |
| City and State: | | From: | To: | |
| Job Duties: | | | | |
| Hourly Wage: | | Hours per week: | | |
| Reason for leaving: | | | | |
| Employer: | | Job Title: | | |
| City and State: | | From: | To: | |
| Job Duties: | | | | |
| Hourly Wage: | | Hours per week: | | |
| Reason For Leaving: | | | | |

| | | |
|---------------------|-----------------|-----|
| Employer: | Job Title: | |
| City and State: | From: | To: |
| Job Duties: | | |
| Hourly Wage: | Hours per week: | |
| Reason For Leaving: | | |

| YOUTH | | |
|----------------------------------------------------------------------------------------------------|-----|----|
| Please complete the following section if you are between the ages of 14-24. | YES | NO |
| | | |
| 32. Did you graduate from high school? | | |
| 33. Are you in foster care or aged out of foster care? | | |
| 34. Are you pregnant or parenting? | | |
| 35. Have you ever been charged with and/or convicted of a felony? | | |
| 36. Are your parents/guardian currently incarcerated? | | |
| 37. Are your parents/guardian currently unemployed? | | |
| 38. Have you ever been required to repeat a grade level? | | |
| 39. Is English your first language? | | |
| 40. Are you a victim of sex trafficking? | | |
| 41. Are you currently homeless and/or a runaway? | | |
| 42. Have you been a victim of a federally declared natural disaster in the past five years? | | |

I certify that the information I have provided is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent Signature for Minor (14-17): _____ Date: _____

Guardian Signature for Minor (age 14-17): _____ Date: _____

WIOA Representative Signature: _____ Date: _____

(WIOA Representative Signature affirms that application is complete and all supporting documents are included)

Documentation Verification Checklist

Recommended documents for eligibility review/application completion and processing

| Social Security Number Verification | Date of Birth and Age Verification |
|-----------------------------------------------------------|------------------------------------------------------------------|
| DD 214/Report of Transfer/Veterans | Birth Certificate |
| Administration Medical Card | DD 214/Report of Transfer/VA Medical Card |
| Letter from Social Security Administration | Driver's License |
| SS Card (for all listed household members) | Federal/State ID |
| W-2 | Hospital Record of Birth |
| Passport | Passport |
| Military ID | Public Assistance/Social Service Records |
| Federal/State ID | School Records/Identification Card/Work Permit |
| | |
| | |
| Citizenship/Alien Status Verification | Family Income/Public Assistance |
| Alien Registration Card Indicating Right to Work | Check Stubs (Recent Six Months) |
| Birth Certificate | Employer's Statement (Company Letterhead) |
| DD 214/Report of Transfer(if place of birth is indicated) | Applicant Statement |
| Foreign Passport Stamped Eligible to Work | Food Stamp Record/Social Service Records |
| Hospital Record of United States Birth | Child Support |
| Naturalization Certification | SSI/SSDI |
| United States Passport | Other(specify)_____ |
| Voter Registration Card | |
| | |
| Proof of Residence/ Address | Selective Service/Draft Status |
| Public Assistance Record/Social Service Records/School | Selective Service Registration Card |
| Utility Bill (current) | Selective Service Verification Form |
| Dated Mail (recent postmark) | Stamped Post Office Registration Receipt |
| Driver's License (current validation) | Internet On-line access/Verification (Printed verification copy) |
| Landlord Statement/Lease | DD214 |
| Voter Registration | Selective Service Acknowledgement Letter/Request |
| Homeless (Primarily Nighttime) | |
| | |
| Disability Verification | Education/Prior Training Verification |
| Documentation from Vocational Service Agency | School Verification Form |
| Doctor's Medical Statement/Evaluation Summary | High School Diploma/Credential |
| Formalized Assessment (Medical/Educational) | GED/HISET Credential/Documented Statement |
| | College Diploma/Credential |
| | Other Certifications/Credential |