

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) APPLICATION

~ Submission of this application does not guarantee eligibility or program participation. ~

Applicant Data

Name:		SSN: XXX-XX-	
Address:		Apt. or Unit:	
City:	State:	Zip:	
Telephone #:	Alt #:	Email:	

Statements of Understanding

Statements of Understanding	Applicant Initials	WIOA Staff
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These statements are provided to establish an understanding of the WIOA program, its services and its purpose to the applicant. These statements are clear and applicable to all WIOA program applicants.

Applicant Initials: Certifies that you have read and understand these statements.

WIOA Staff Initials: Certifies that you have reviewed each statement and answered any questions of the applicant at Intake.

WIOA is not "financial aid," but WIOA is a program that provides assistance to the applicant in obtaining suitable employment.		
The Workforce Innovation and Opportunity Act (WIOA) is designed to assist you in gaining suitable employment. The process: Basic Career Services, Individualized Career Services and Follow-Up Services. <i>(See below descriptions).</i>		
Basic Career Services are available universally to the unemployed and underemployed. Basic Career Services include, but are not limited to: job search, placement assistance, job listing, Labor Market Information, and registering on EmployFlorida.com.		
Individualized Career Services include, but are not limited to: comprehensive assessment, development of individual employment plans, career counseling, testing, attending a workshop and case management services.		
Follow-up Services are provided as appropriate for participants who are placed in unsubsidized employment for up to 12 months after the first day of employment.		
All services must be authorized by WIOA Staff prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of the applicant.		
I understand that my circumstances differ from all other WIOA applicants. My employment plan is unique to me and, therefore, my assistance may differ from other applicants (including the type of assistance, the amount of assistance, the time frames, and the outcome).		

Demographic Information

Date of Birth:	Age:	Gender:	Male	Female	
Registered for Selective Service? Males only	Yes	No	Exemption <i>(born before 1/1/1960)</i> www.SSS.gov		
Citizenship:	U.S. Citizen or Naturalized	U.S. Permanent Resident	Alien/Refugee Lawfully Admitted		
If non-U.S. citizen, Alien Registration #: A	Exp. Date:				
Do you consider yourself to be of Hispanic Heritage?	Yes	No	Haitian Heritage?	Yes	No
Race:	African-American/Black	American Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	
	Caucasian/White	Other			
Do you consider yourself to have a disability?	Yes	No			

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Veteran Information					
Have you served in the U.S. Military?		Yes, Eligible Veteran Yes, less than or equal to 180-days and not discharged dishonorably Yes, Other Eligible Person (<i>spouse or child of a disabled veteran</i>) No			
Are you a campaign Veteran?	Yes	No	Are you a disabled Veteran?	Yes	No
Are you a recently separated Veteran? (<i>within last 48-months</i>)		Yes	No		

Employment Information					
Employment Status:	Employed	Not Employed	Employed w/ notice of termination or military separation		
Did you attend a Rapid Response Event by CareerSource Broward?		Yes	No		
Most Recent Employer Name:					
Address:				Apt. or Unit:	
City:			State:	Zip:	
Telephone #:			Contact Person:		
Most Recent Rate of Pay (<i>per hour</i>): \$			Lay-off or Termination Date:		
Have you received Unemployment Compensation within the last 6-months?		Yes	No		

Education Information															
Highest Grade Completed:	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Highest Credential Earned:	HSD/GED		Certificate		Associates		Bachelors		Masters		PhD				
Are you currently in School?	Yes	No	If yes, is it for a H.S. Diploma/GED or Certificate?						Yes	No					

WIOA-related Information		
Question	Answer	Comments
Are you a Displaced Homemaker *?	Yes No	
*An individual who has been displaced from their career as an unpaid homemaker and, for that reason, has diminished skills <u>AND</u> was dependent on another family member's income that is no longer supporting them.		
Do you speak, read and/or write limited English ?	Yes No	
Are you a Single Parent ?	Yes No	
Are you Homeless ?	Yes No	
Are you a Runaway ? (<i>age 16-24</i>)	Yes No	
Are you an Ex-Offender ?	Yes No	
Are you a Pregnant or Parenting Youth ? (<i>age 16-24</i>)	Yes No	
Are you a Foster Care Youth ? (<i>age 16-24</i>)	Yes No	
Basic Skills Deficiency (reading/mathematics, below 9 th grade)	Yes No	

Public Assistance		
Are you currently receiving OR within the last 6 months have you received any of the following:		
Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Families (TANF)	Yes No	
Supplemental Security Income (SSI)? (<i>Ticket-to-Work</i>)	Yes No	
Refugee Cash Assistance	Yes No	
General Assistance? (<i>term used for welfare by other states</i>)	Yes No	
Supplemental Nutrition Assistance Program (SNAP)	Yes No	
Pell Grant	Yes No	
Are you a publicly-supported Foster Child?	Yes No	

Certification and Acknowledgement	Applicant Initials
I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal, if discovered at a later date.	
Finally, I recognize that an application and eligibility determination are initial steps and do not guarantee program participation.	
Disclosure of your Social Security Number is mandatory. However, pursuant to the Privacy Act of 1974 and Section 119.07 (5) (a) 3 F.S. (2005) and 5 USCA 552a, your Social Security Number and personal information will be protected as confidential information by all staff members. Social Security Numbers will be used by the CareerSource Service Provider for identifying and tracking services. This information is reported to any/all approved Federal and State agencies regarding those services, and dollars spent as allowed under the Privacy Act.	
Applicant Signature: _____ (PLEASE PRINT APPLICATION AND SIGN)	Date:
Parent/Guardian signature: _____ If applicant is under 18 years of age (PLEASE PRINT APPLICATION AND SIGN)	Date:

***** **WIOA STAFF ONLY** *****

DATA VALIDATION (<i>completed upon entering into EFM</i>)	
Date Attended WIOA Orientation (online on-site) : _____	<u>Enrolled Funding Program</u> Adult Dislocated Worker In-School Youth Out-of-School Youth Other _____
Date Eligibility Completed: _____	
WIOA Staff Name: _____	
WIOA Staff Signature: _____	