



WIOA ADULT/DISLOCATED APPLICATION 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 of Residence:** _____
Name: _____ **SSN:** _____
Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: () _____ **Cell Phone:** () _____
Email: _____

Are you homeless? Yes No

DEMOGRAPHIC INFORMATION

Date of Birth (mm/dd/yyyy) Age: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian or White
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Citizenship: U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted

Are You Registered with Selective Service? Yes No N/A
 males only born on or after 1/1/1960
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
 Does your disability prevent or interfere with your ability to work and/or attend schooling? If yes, please explain below:

DRIVER'S LICENSE INFORMATION

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

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

Are you a disabled 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.

2019 – 200% of Federal Poverty Guidelines for Ohio

Family Size	Monthly Gross Income
1	\$2082.00
2	\$2819.00
3	\$3555.00
4	\$4292.00
5	\$5029.00
6	\$5765.00

What is your family size? (Include only those living in your home) _____

Do you
receive?

SNAP

OWF

SSI/SSDI

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

Attach Additional Sheets if needed

YOU MUST LIST ALL HOUSEHOLD MEMBERS!!!

Are you involved with Opportunities for Ohioians with Disabilities (OOD)? Yes No

Are you enrolled in the SNAP Employment & Training Program? Yes No

Educational Information:

Check last grade completed)

- Some High School Attained GED High School Graduate
 Vocational Certification Some College Associate Degree
 Bachelor's Degree Other, Explain _____

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:

Have you used WIOA funds in the past? Yes No

If yes, please state where and when. _____

Name of Current School _____

Program of Study _____

Start Date: _____

Anticipated Completion Date _____

Current grades/GPA _____

Employment Information:**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): _____

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): _____

Reason for Leaving Laid off Quit Terminated Other Employment Other

Explain Reason: _____

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? _____

If yes, what is the program/major (STNA, Accounting, ETC) _____

Have you been accepted in the school? Yes No

If yes, when you start? _____

When is the anticipated completion date? _____

Is your choice of study a demanding occupational skill? Yes No

In demand occupation list can be found at: <https://owcms.ohio.gov/wiet/index.xhtml>

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 is needed 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

If yes, please explain:

Dislocated Worker Status

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

Category 1 - 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.

Category 2 - 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

For purposes of eligibility to receive services other than training services described in section 134(c)(3) of WIOA, career services described in section 134(c)(2)(A)(xii) of WIOA, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

Category 3 – Self-Employed Individual

Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of natural disasters; or general economic conditions in the community where the individual resides.

Category 4 – Displaced Homemaker

Is a 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 having trouble in obtaining or upgrading employment (may include spouses of dislocated workers)

Category 5 – Military Spouse

Is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), 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 having trouble in obtaining or upgrading employment.

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.

Please answer the following:		Yes	No
	Are you 24 or older?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you married? (Answer “Yes” if you are separated but not divorced)	<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"/>
	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"/>
	Do you live in your own residence or in a residence without support from parents or guardian?	<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"/>
	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>

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

Purpose: In order to ensure that all individuals applying for WIOA 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 or WIOA 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.): _____

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.		

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

WIOA Case Manager/Date received