



Are you a veteran?	
<input type="radio"/> Yes	<input type="radio"/> NO

WIOA Application

Last Name: _____ First Name: _____ M.I. _____
 Mask Number: _____ Date of Birth: _____ Age: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Phone#: _____
 Alt. Phone # _____ Email: _____

Citizenship: Please select one:
 (C) US Citizen (A) Registered Alien
 (R) Refugee (L) Other Legal Alien
 (O) Other - Specify: _____

Are you registered with Selective Service? Yes
 (Males only - Born on or after January 1, 1960) No

The questions in this box are for informational purposes only, and you are **NOT** required to answer:
Ethnicity:
 Hispanic/Latino Not Hispanic/Latino
Race:
 American Indian/Alaska Native Asian
 Black or African American White
 Native Hawaiian or other Pacific Islander
Sex: Male Female Prefer not to answer

Are you receiving Unemployment Insurance Benefits?
 Yes No

What is your family status? (select one)
 (S) Single Parent
 (P) Parent in two-parent family
 (I) Independent Individual
 (F) Family member/not a parent of a dependant

What is your employment status? (select one)
 (E) Employed
 (U) Unemployed
 (R) Received Notice of Layoff, WARN ACT, or Separation from military

Are you homeless? Yes No

Veterans Only (DD214 is required)
 Are you a disabled veteran? (Documentation required)
 Check one: (N) No (D) Disabled
 (S) Special Disabled (Rated 30% or more)
 Veteran Service:
 (L) Less than or equal to 180 days active service
 (G) Greater than or equal to 180 days active service
 (E) Spouse - MIA/Service Related Disability or Death
 Are you a Recently Separated Veteran (48 mos)? Yes No
 Are you a Campaign Veteran? Yes No
 Possesses authorized campaign badge or expeditionary medal
 Served in Vietnam 2/28/1961 - 5/7/1975

Are you an individual with a documented disability?
 Yes No

Are you an ex-offender (an individual who has been subject to any stage of the criminal justice process, resulting in a record of arrest or conviction)?
 Yes No

Limited ability in speaking, reading, writing or understanding English? Yes No

Highest educational grade/level **completed:** _____
 Have you received:
 High School Diploma GED N/A

Are you or a member of your family **currently receiving or received in last 6 months** any of the following types of assistance?
 Yes No

Supplemental Security Income TANF
 Social Security Disability Income CCAP
 Food Assistance/SNAP Refugee Assistance
 LEAP Section 8

Cultural Barrier (belief or practice that would restrict you from some employment opportunities)? Yes No

Income Information:

Your GROSS income in the past 6 months? _____

Family's total **GROSS** income for the past 6 months? _____

(include your income in the family's total) _____

Number of Family Members (including yourself) _____

How many children under 18 in your household _____

Do you currently have a Pell Grant? Yes No

Follow-up Contact Info: Please provide a name, complete address, and phone number of someone who has regular contact with you. **This person should NOT be someone with whom you are living (i.e. has the same above address)**, but will have contact with you if you move or relocate (this person is **NOT** a referral).

Name: _____

Street Address: _____

City: _____

State: _____ **Zip:** _____

Phone number: _____

Email address: _____
 (optional)

BARRIERS - Adult Priority of Service Questionnaire	Yes	No
Is the individual receiving Public Assistance?		
Is the individual low-income, which includes homeless, foster care youth, and recipient of free or reduced lunch (including parents)?		
Is the individual Basic Skills Deficient?		
Is the individual a displaced homemaker?		
Does the individual identify as an Indian, Alaska Native, or Native Hawaiian?		
Does the individual have a disability?		
Is the individual age 55 or older?		
Is the individual an ex-offender?		
Does the individual face a substantial cultural barrier?		
Is the individual an eligible Migrant Seasonal Farm Worker?		
Is the individual within 2 years of exhausting their lifetime TANF eligibility?		
Is the individual a single parent?		
Is the individual long-term unemployed (27 or more consecutive weeks)?		
Does the individual need childcare for children 13 years of age or younger?		

Arapahoe/Douglas Works! WIOA Application	All information is confidential
<p>Dislocated Worker Information</p> <p>Date lay-off notice was received: _____</p> <p>Effective date of lay off: _____</p> <p>What is your dislocation status? (select one)</p> <p><input type="radio"/> (L) Term/Laid off <input type="radio"/> (P) Public Announcement</p> <p><input type="radio"/> (R) Received notice of termination/layoff <input type="radio"/> (N) None</p> <p><input type="radio"/> (C) Certificate of separation</p> <p>What is your return status? (select one)</p> <p><input type="radio"/> (U) Unlikely to return to your previous industry/occupation</p> <p><input type="radio"/> (R) Retiring</p> <p>Are you eligible for UI (unemployment insurance)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>What is your company (plant) status?</p> <p><input type="radio"/> (N) None <input type="radio"/> (C) Closed <input type="radio"/> (S) Substantial layoff</p> <p>Dislocation job title: _____</p> <p>Rapid Response Orientation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>ONET Code: _____</p> <p>Dislocation Employer: _____</p> <p>Are you a displaced homemaker?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Future U Information:</p> <p>What is your educational Status? (select one)</p> <p><input type="radio"/> (S) Current student in school or school program</p> <p><input type="radio"/> (P) Current student, holds a high school diploma</p> <p><input type="radio"/> (A) Student attending an alternative high school</p> <p><input type="radio"/> (C) Under 17 years old and has not attended school in the last three months of the recent school year.</p> <p><input type="radio"/> (D) Dropped out of high school</p> <p><input type="radio"/> (W) Not a student and holds a high school diploma or high school equivalency certificate</p> <p>Name of School: _____</p> <p>Have you been eligible to enroll in free/reduced lunch at school in the last six months? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you a foster child/ward of the state (currently)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you fall under "the 8th barrier"/"Customer needs assistance" for WIOA eligibility? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you pregnant or parenting? <input type="radio"/> Yes <input type="radio"/> No</p>

Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I-financially assisted program or activity:

- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

I certify that the information contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false. I authorize the release of information contained in this application for use in verifying my eligibility for WIOA programs; however, I understand that the information will not be released for any purpose other than to authorized state or federal personnel for monitoring purposes.

- I have been informed of the appeals process I can follow if I disagree with a WIOA service provider's decision, based on information contained in this application. I have read and understand Section 34.23(a)(5) of Title 29 CFR, Equal Opportunity is the Law.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Arapahoe/Douglas Works! is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.