



Application for Workforce Innovation and Opportunity Act (WIOA) Services - Youth



YOUTH PROVIDER:	
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INSTRUCTIONS: Complete ALL questions on this form in blue or black ink. Do not use white out. PLEASE PRINT CLEARLY.

1.	SOCIAL SECURITY NUMBER:	<u>WIOA STAFF USE:</u>		
2.	NAME (First, Middle Initial, Last):	<u>WIOA STAFF USE:</u>		
3.	<u>RESIDENCE STREET ADDRESS:</u>			
	RESIDENCE CITY:	RES. STATE:	RES. ZIP CODE:	
4.	PRIMARY TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____
5.	ALTERNATE TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____
6.	EMAIL ADDRESS:			
7.	<u>MAILING ADDRESS:</u> Check here if same as residential, then skip to #8. If different, please complete.			
	Mailing Street Address:			
	Mailing City:	Mailing State:	Mailing Zip Code:	
8.	DATE OF BIRTH: (mm/dd/yyyy)	<u>WIOA STAFF USE:</u>		GENDER: Male Female Did Not Identify
9.	ARE YOU REGISTERED WITH SELECTIVE SERVICE? (check one)	Yes	No	N/A – female
		N/A – born prior to 1960		SEL. SVC. #: _____ REG. DATE: _____
	<u>WIOA STAFF USE:</u> Documented exemption from registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.	CITIZENSHIP: (check one)	Citizen of US/US Territory U.S. Permanent Resident A#: _____	Alien/Refugee lawfully admitted to US None of the above Expiration Date: _____	DO YOU CONSIDER YOURSELF TO BE OF HISPANIC HERITAGE? Yes No
11.	RACE: (check all that apply)			
	I do not wish to answer		<input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Other Pacific Islander	
	American Indian/Alaska Native			
	Asian			
	Indian	Laotian	Korean	Hawaiian/part Hawaiian
	Bangladesh	Vietnamese	Thai	Samoan
	Nepalese	Pakistani	Cambodian	Palauan
	Bhutanese	Sri Lankan	Filipino	Guamanian
	Chinese	Sikkimese	Other Asian	Micronesian
	Malaysian	Japanese		Marshallese
				Other Pacific Islander
12.	ARE YOU A MIGRANT WORKER OR FARMWORKER?			IF SO, PLEASE SPECIFY TYPE:
	Farmworker			Agriculture production and services
	Migrant – traveled to an area for work & were unable to return home in the same day			Food processing establishment
	Migrant Farmworker			
	No			



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13.	ARE YOU A TRANSITIONING MILITARY SERVICE MEMBER?	Yes – within 24 months of Retirement – Estimated Discharge Date: _____ Yes – within 12 months of Discharge – Estimated Discharge Date: _____ No		
14.	HAVE YOU SERVED IN THE U.S. MILITARY? (check one) (If you answer No to both Questions, skip Questions 15-18)	No (If No, skip to #18) Yes, more than 180 days Yes, less than or equal to 180 days	ARE YOU THE SPOUSE OF A ACTIVE VETERAN? Yes No	
15.	HOMELESS VETERAN? Yes No	RECENTLY SEPARATED? (within last 48 months) Yes No		
16.	DATE ENTERED MILITARY SERVICE:	MILITARY SERVICE DISCHARGE DATE:	TYPE OF DISCHARGE:	
17.	WHICH BRANCH?	ARE YOU ACTIVE IN THE MILITARY RESERVE? Yes No		
18.	HAVE YOU ATTENDED A TRANSITIONAL ASSISTANCE PROGRAM (TAP) WORKSHOP IN THE LAST 3 YEARS?			Yes No
19.	EMPLOYMENT STATUS: (check one) Employed Not Employed Employed with notice of Termination/Military Separation	<u>WIOA STAFF USE:</u> Employment Verification <input type="checkbox"/> Applicant Statement/ Self Attestation <input type="checkbox"/> UI Records/Check Stubs <input type="checkbox"/> Employer Contract		
19.	<input type="checkbox"/> Job Search Worksheet <input type="checkbox"/> Case File Notes <input type="checkbox"/> UI Cross-match			
20.	HOW MANY WEEKS HAVE YOU BEEN UNEMPLOYED?			
21.	WHAT IS YOUR CURRENT OR MOST RECENT OCCUPATION?		<u>WIOA STAFF USE:</u> ONet Job Title _____ ONet Code _____	
22.	IF EMPLOYED, ARE YOU UNDER EMPLOYED? Yes No	HAVE YOU RECEIVED A TERMINATION/LAYOFF NOTICE FROM YOUR LAST JOB OR CURRENT JOB, IF STILL EMPLOYED? Yes No		
23.	REASON FOR LAYOFF: (check one)			
<input type="checkbox"/> CATEGORY 1 – Terminated, Laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements of UI benefits and is unlikely to return to previous industry or occupation.				
<input type="checkbox"/> CATEGORY 2 – Terminated or Laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (a minimum of six weeks) to demonstrate workforce attachment, but is not eligible for UI benefits due to insufficient earnings or employer not being covered under state compensation law and is unlikely to return to previous industry or occupation.				
<input type="checkbox"/> CATEGORY 3 – Terminated or Laid off, or has received notice of termination or layoff, from employment as a result of permanent closure of, or substantial layoff at a plant, facility or enterprise. The projected date or actual date of layoff is required in the space provided below.				
<input type="checkbox"/> CATEGORY 4 – Employer has made a general announcement that facility will close. Please specify the projected date or actual date of closure in space provided below.				
<input type="checkbox"/> CATEGORY 5 – Previously Self-employed (including farmers, ranchers and fisherman) but is unemployed due to general economic conditions in the community of residence or because of natural disaster.				
<input type="checkbox"/> CATEGORY 6 – Displaced Homemaker: An individual who has been providing unpaid services to family members in the home, and who (A) has been dependent on the income of another family member but is no longer supported by that family member's income; and (B) is unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.				
<input type="checkbox"/> CATEGORY 7 – 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 station of such member.				
<input type="checkbox"/> CATEGORY 8 – The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.				
<input type="checkbox"/> None of the above. Termination/layoff does not qualify individual for Dislocated Worker program.				
<u>WIOA STAFF USE:</u> Dislocated Worker Verification Accepted: _____ _____ AND Verified Unlikely to Return status for Category 1 and 2 <input type="checkbox"/> Case Note Completed				



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24.	WHAT IS YOUR PROJECTED LAYOFF DATE, if applicable? (mm/dd/yyyy)		DID YOU ATTEND A GROUP ORIENTATION (Rapid Response)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, specify date & location) _____		
*** LIST YOUR LAST TWO JOBS, STARTING WITH THE MOST RECENT JOB (EVEN IF CURRENTLY WORKING) ***					
25.	CURRENT EMPLOYER / MOST RECENT EMPLOYER (as applicable):				
26.	EMPLOYER STREET ADDRESS:				
27.	EMPLOYER CITY:		EMP. STATE:		EMP. ZIP CODE:
28.	INDUSTRY:	JOB TITLE:			HOURLY WAGE: \$
	<i>WIOA STAFF USE:</i> ONet Job Title: _____ ONet Code: _____				
29.	EMPLOYER TELEPHONE:		START DATE: (mm/dd/yyyy)		ACTUAL LAYOFF/END DATE: (mm/dd/yyyy)
30.	HOURS WORKED PER WEEK:	REASON FOR LEAVING JOB: (check one)	Layoff	<i>WIOA STAFF USE:</i> Actual Layoff Date Certification <input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public announcement with cross-match from UI <input type="checkbox"/> Other Applicable Documentation (specify) _____	
			Terminated/Fired		
Still Employed					
Quit/Resigned					
Other _____					
31.	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one)	Salary: \$ _____ Hour Day Week Month Other (explain)	ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION? (check one)		<i>WIOA STAFF USE:</i> Unemployment Compensation Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> UI records (Benefit History, Wage, Record) <input type="checkbox"/> REA Appointment Notice <input type="checkbox"/> Other Applicable Documentation (specify) _____
			Not Applicable		
Eligible claimant referred by RESEA		Eligible claimant not referred by RESEA			
Exhaustee		Neither claimant or Exhaustee			
32.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:				
33.	NAME OF PREVIOUS EMPLOYER / BUSINESS:				
34.	EMPLOYER STREET ADDRESS:				
35.	EMPLOYER CITY:		EMP. STATE:		EMP. ZIP CODE:
36.	JOB TITLE/OCCUPATION:		START DATE:	END DATE:	HOURS WORKED PER WEEK:
37.	REASON FOR LEAVING JOB: (check one)	Layoff Terminated/Fired Still Employed Quit/Resigned Other _____	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one)		Hour Day Week Month Other (explain)
			Salary: \$ _____		
38.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:				
39.	HIGHEST SCHOOL GRADE COMPLETED: (specify, including years of college or degree)	DO YOU HAVE A HS DIPLOMA? Yes No	<i>WIOA STAFF USE:</i> Verification if answered NO for HS Diploma: <input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement/ Self Attestation		DO YOU HAVE A GENERAL EQUIVALENCY DIPLOMA (GED)? Yes No
			<i>WIOA STAFF USE:</i> Verification if answered NO GED: <input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement		



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40.	ARE YOU CURRENTLY ATTENDING SCHOOL? (check one)	In-school, High School or less In-school, Alternative School In-school, Post High School Not attending school, HS Dropout Not attending school, HS Graduate	WIOA STAFF USE: School Status Verification <input type="checkbox"/> Training provider verification of enrollment <input type="checkbox"/> Case notes w/verification of enrollment from educ. inst. <input type="checkbox"/> School records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out letter <input type="checkbox"/> Applicant Statement/Self Attestation		
41.	ARE YOU CURRENTLY ENROLLED IN EDUCATION LEADING TO HSD, GED, OR CERTIFICATION? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____				
42.	DISPLACED HOMEMAKER? (check one) No Yes – WIOA – DW Yes – Statewide (TANF) Yes – Statewide (TANF) and WIOA	WIOA STAFF USE: Displaced Homemaker Verification <input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Death Certificate <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Other _____	LIMITED ENGLISH? Yes No	SINGLE PARENT of a child under 18? Yes No	
43.	ARE YOU HOMELESS? Yes No	WIOA STAFF USE: Homeless Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Telephone Verification	ARE YOU A RUNAWAY? Yes No N/A	WIOA STAFF USE: Runaway Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Statement from a Social Services Agency <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Telephone Verification	
44.	HAVE YOU EVER BEEN CONVICTED OF A CRIME? (check one) No Yes, no parole/probation Yes, and on parole Yes, and on probation	WIOA STAFF: If yes, Give the Prison to Employment Questionnaire for the customer to complete.		SUBSTANCE ABUSE? Yes No	
45.	ARE YOU A FOSTER CARE YOUTH? Yes No N/A	WIOA STAFF USE: Foster Care Verification <input type="checkbox"/> Statement/Referral from Social Services Agency <input type="checkbox"/> Foster care facility resident <input type="checkbox"/> Court/Guardianship documents <input type="checkbox"/> Applicant Statement/Self Attestation, limited cases <input type="checkbox"/> Other _____	BASIC SKILLS DEFICIENT? Yes No N/A	WIOA STAFF USE: Basic Skills Deficient Verification <input type="checkbox"/> Standardized Test <input type="checkbox"/> Applicant Statement <input type="checkbox"/> School Records <input type="checkbox"/> Other _____	
46.	GANG STATUS: (check one) N/A Gang Member Involvement	N/A Gang Involved At Risk Gang	YOUTH OF INCARCERATED PARENT? Yes No	PARENT PAROLEE NUMBER:	
47.	ARE YOU RECEIVING PUBLIC ASSISTANCE BENEFITS? (check all that apply) TANF/CalWORKs/Cash Aid TANF Exhaustee Refugee Cash Assistance General Assistance/Relief Food Stamps N/A	REFERED BY CHILD SUPPORT SERVICES? Yes No	WIOA STAFF USE: TANF Verification Accepted: _____ SS Income Verification Accepted: _____ Refugee Cash Assistance Verification Accepted: _____ Food Stamp Verification Accepted: _____ General Assistance/Relief Verification Accepted: _____		
48.	FOOD STAMP STATUS: Eligible Receiving N/A	ARE YOU A PUBLICLY SUPPORTED FOSTER CHILD? Yes No	WIOA STAFF USE: Foster Child Verification <input type="checkbox"/> Applicant Statement/Self-Attestation <input type="checkbox"/> Court Records/Documentation	CURRENTLY RECEIVING OR NOTIFIED YOU WILL BE RECEIVING PELL GRANT MONIES? Yes No If Yes, specify \$ amount and school year _____	
49.	FAMILY SIZE: (01-15)	ESTIMATED FAMILY INCOME FOR THE PAST 12 MONTHS: \$	WIOA STAFF USE: Annual Family Income Verification _____		
50.	ARE YOU CURRENTLY SEEKING WORK? No Yes. What type? _____	DO YOU HAVE A LICENSE/CERTIFICATE IN THIS FIELD?		No Yes, please specify _____	
51.	DO YOU HAVE A VALID DRIVER'S LICENSE? (please specify) No	Yes (If Yes, specify type below) Class A/Heavy Truck Class B/Passenger/Bus Class C/Regular Class M/Motorcycle State _____, DL# _____			



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CUSTOMER CERTIFICATION

My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating.

SIGNATURE OF CUSTOMER:	DATE	PARENT/GUARDIAN SIGNATURE: (If under 18 years old, both Customer and Parent/Guardian must sign form.)	DATE

Funding for this program is provided by the San Bernardino Workforce Development Board (WDB). This WIOA Title-1 financially assisted program or activity and the WDB are Equal Opportunity Employers. Auxiliary aids and services are available upon request to individuals with disabilities. For federal funding disclosure information, visit Workforce.SBCounty.gov/about/ffd/.

--- THIS SECTION TO BE COMPLETED IN FULL BY WIOA STAFF ONLY ONCE VERIFIED---

ELIGIBILITY DATE:	SPECIFY ELIGIBILITY STATUS AND FUNDING INFORMATION:		
	<input type="checkbox"/> WIOA Adult Services <input type="checkbox"/> Youth Eligibility STATEWIDE? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> WIOA Dislocated Worker Services <input type="checkbox"/> Other: _____	
SIGNATURE OF INTERVIEWER:	DATE:	SIGNATURE OF REVIEWER:	DATE:
Printed Name of Assigned Case Manager: _____			

STAFF USE ONLY: USE THIS SECTION TO LIST ACTIVITY RECORDS TO BE ENTERED FOR SERVICES PROVIDED.

Key - Agency Code		Key - Completion Code				
B01 = Rancho AJCC C01 = San Bernardino AJCC H01 = High Desert AJCC		1 = Successful Completion 2 = Participation Waived/Exempted 5 = Unsuccessful Completion-Dropped Out 6 = Unsuccessful Completion-Provider Closed 7 = Unsuccessful Completion-Failed to Report 8 = Unsuccessful Completion-Unable to Contact				
ACT 1	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	101 - Orientation			
ACT 2	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	102 - Initial Assessment			
ACT 3	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01				