

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
APPLICATION FOR SERVICE**

| APPLICANT INFORMATION  |  |                                 |   |   |      |
|--|--|---------------------------------|---|---|------|
| First Name:  |  | MI:                             | Last Name:  |   |      |
| Address:   |  | City:                           |   | State:  | Zip: |
| Primary Contact Phone:   |  | Emergency Phone:                |   | Email:  |      |
| DEMOGRAPHICS   |  |                                 |   |   |      |
| Intake Date:   |  | Date of Birth (Month/Day/Year): |   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |      |
| <b>(Check one only)</b><br>U.S. Citizen or Legally Entitled to Work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Eligible Non-Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No    Card Expiration Date: _____  |  |                                 |   |   |      |
| <b>Employment Status at Enrollment: (Check one only)</b><br><input type="checkbox"/> Employed <b>If employed, hours per week:</b><br><input type="checkbox"/> Employed w/Military Separation<br><input type="checkbox"/> Employed w/Notice of TerminationNot Employed<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Long-term Unemployed  |  |                                 | <b>*Ethnicity:</b> (Hispanic or Latino): <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>*Race:</b> (More than one race can be checked)<br><input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Information Not Provided   |   |      |
| <b>Unemployment Compensation (UC) Eligible Status:</b><br><input type="checkbox"/> UC Claimant <input type="checkbox"/> Exhausted <input type="checkbox"/> Not Applicable  |  |                                 | <b>*Individual with Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed   |   |      |
| VETERAN INFORMATION/SELECTIVE SERVICE  |  |                                 |   |   |      |
| <b>Served in the U.S. Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Active Duty Dates: From: _____ To: _____<br><b>Separating Service Member</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Expiration Term of Service: _____<br><b>*Campaign Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Campaign Name: _____   |  |                                 | Disabled Veteran (if yes - Percent:    %) <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Special Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Recently Separated Veteran (within last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Selective Service:</b> (Males 18 or older; born on or after Jan. 1, 1960)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required<br>If yes, Selective Service Number: _____<br>If younger than age 18, date of 18 <sup>th</sup> birthday: _____ |   |      |
| EDUCATION INFORMATION  |  |                                 |   |   |      |
| <b>Highest Grade Completed:</b><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7<br><input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other: _____<br><b>Highest Level of Education (Check only if attained)</b><br><input type="checkbox"/> High School <input type="checkbox"/> GED<br><input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD<br><input type="checkbox"/> Certification: _____ |  |                                 | <b>In School:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(High school, alternative school (excluding Open Doors), post-secondary college, credit bearing-courses, vocational technical)<br><b>School Currently Attending:</b> _____<br><b>Dropped out of High School</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Do not have a High School Diploma, GED, or certificate of completion)<br><b>Last Date Attended School:</b> _____   |   |      |

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| <b>PUBLIC ASSISTANCE</b><br>(Are you currently or within the <b>last 6-months</b> received any of the following?)   |                              |                             |               |  |
|---|------------------------------|-----------------------------|---------------|--|
| Assistance Type:  | Check all that apply:        |                             |               | Monthly Total:                                   |
| Temporary Assistance for Needy Families-TANF  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| Supplemental Security Income-SSI  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| Refugee Cash Assistance-RCA   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| General Assistance-GA (ABD/MCS)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| Supplemental Nutrition Asst. Program (SNAP)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| Social Security Disability Insurance-SSDI   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |               |  |
| <b>FAMILY SIZE/FAMILY INCOME (Adult &amp; Young Adult Program Only)</b><br>(If you are currently receiving Public Assistance you do not have to complete this section.)   |                              |                             |               |  |
| <p><b>Definition of Family under WIOA:</b> Means two or more individuals related by blood, marriage, or decree of court, who are living in a single residence, and are included in one of the following categories: <b>(Check one only)</b></p> <p><input type="checkbox"/> <b>Single</b></p> <p><input type="checkbox"/> <b>Married couple and dependent children Parent or guardian and dependent children</b></p> <p><input type="checkbox"/> <b>Married couple</b> as defined within the Washington Marriage Equality Act (RCW 26.60)</p> <p><input type="checkbox"/> <b>Individual with a disability</b> If the family of a disabled individual does not meet the income eligibility criteria, the disabled individual may be considered a low-income individual if their own income meets the income criteria of WIOA. The individual would be considered a family of one and only the individual's income would be considered when determining low-income.</p> |                              |                             |               |  |
| <p><b>INCOME RECEIVED FROM: Beginning Date: (M/D/Y)</b> _____ <b>Through Ending Date: (M/D/Y)</b> _____</p> <p><i>EXAMPLE: If the Intake Date is 7/1/2019, include gross income received from January 1st through July 1st for the entire six-month period.</i></p>   |                              |                             |               |  |
| Family Member Name  | Relationship                 | Age                         | Income Source | Total Gross Amount received during last 6 months |
|   | Applicant                    |                             |               |  |
|   |                              |                             |               |  |
|   |                              |                             |               |  |
|   |                              |                             |               |  |
|   |                              |                             |               |  |
| Record the <b>total gross amount income</b> received for the last six months for <b>each</b> family member. If there are more than six family members use an additional form.   |                              |                             |               |  |

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| <b>EMPLOYMENT INFORMATION</b>                                  |   |  |                                      |
|--|---|--|--------------------------------------|
| <b><u>CURRENT OR MOST RECENT EMPLOYMENT</u></b>                |   |  |                                      |
| <b>Employer Name:</b>  |   |  |                                      |
| Address:   | Start Date:                             | End Date:                              |                                      |
| City:  | State:                                  | Zip Code:                              |                                      |
| Job Title:   | Hourly Wage: \$                         | Hours Per Week:                        |                                      |
| <b>Job Duties:</b>   |   |  |                                      |
| <b>Reason for Leaving:</b>                                     |   |  | <b>Skill Level:</b>                  |
| <input type="checkbox"/> Discharged Military Notice            | <input type="checkbox"/> Voluntary Quit | <input type="checkbox"/> Labor Dispute | <input type="checkbox"/> Retired     |
| <input type="checkbox"/> Still Employed                        | <input type="checkbox"/> Illness        | <input type="checkbox"/> Lack of Work  |                                      |
| <input type="checkbox"/> Other: _____                          |   |  | <input type="checkbox"/> Entry Level |
|  |   |  | <input type="checkbox"/> Semi-skills |
|  |   |  | <input type="checkbox"/> Skilled     |
| <b><u>PREVIOUS EMPLOYMENT</u></b>                              |   |  |                                      |
| <b>Employer Name:</b>  |   |  |                                      |
| Address:   | Start Date:                             | End Date:                              |                                      |
| City:  | State:                                  | Zip Code:                              |                                      |
| Job Title:   | Hourly Wage: \$                         | Hours Per Week:                        |                                      |
| <b>Job Duties:</b>   |   |  |                                      |
| <b>Reason for Leaving:</b>                                     |   |  | <b>Skill Level:</b>                  |
| <input type="checkbox"/> Discharged Military Notice            | <input type="checkbox"/> Voluntary Quit | <input type="checkbox"/> Labor Dispute | <input type="checkbox"/> Retired     |
| <input type="checkbox"/> Still Employed                        | <input type="checkbox"/> Illness        | <input type="checkbox"/> Lack of Work  |                                      |
| <input type="checkbox"/> Other: _____                          |   |  | <input type="checkbox"/> Entry Level |
|  |   |  | <input type="checkbox"/> Semi-skills |
|  |   |  | <input type="checkbox"/> Skilled     |
| <b><i>For other employment history attach another form</i></b> |   |  |                                      |

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|  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>WIOA ADULT</b><br><input type="checkbox"/> <b>SPECIAL FUND SOURCE:</b>   | <input type="checkbox"/> <b>WIOA DISLOCATED WORKER</b>   | <input type="checkbox"/> <b>WIOA OUT OF SCHOOL YOUTH</b><br><input type="checkbox"/> <b>WIOA IN SCHOOL YOUTH</b>  |
| <b>WIOA Adult Program</b>  | <b>WIOA Dislocated Worker Program</b>  | <b>WIOA Youth (Young Adult) Program</b>   |
| <p><b>Priority of Service Categories:</b><br/><b>(Check one only)</b></p> <p><b>Priority 1</b><br/> <input type="checkbox"/> Veteran      <input type="checkbox"/> Eligible Spouse<br/>           Veteran or eligible spouse who is low income, or is a recipient of public assistance, or is basic skills deficient (BSD).<br/>           BSD Score: _____</p> <p><b>Priority 2</b><br/> <input type="checkbox"/> Individual (non-covered persons) who is low income, or is a recipient of public assistance, or is basic skills deficient (BSD).<br/>           BSD Score: _____</p> <p><b>Priority 3</b><br/> <input type="checkbox"/> Veteran      <input type="checkbox"/> Eligible Spouse<br/>           Veteran or eligible spouse who is not low income, is not a recipient of public assistance, and is not basic skills deficient (BSD).</p> <p><b>Priority 4</b><br/> <input type="checkbox"/> Authorized by WFC: Adult who does not meet the three priorities described above and who has one or more significant barriers to full-time employment that leads to self-sufficiency. Such barriers could include, but are not limited to having a disability, homelessness, offender status, lacking a high school diploma or GED, a poor work history, or lack occupational skills that will provide for a self-sufficient family wage.</p> | <p><b>Dislocated Worker Eligibility:</b><br/><b>(Check one only)</b></p> <p><input type="checkbox"/> General Dislocation<br/> <input type="checkbox"/> Facility Closure or Substantial Layoff<br/> <input type="checkbox"/> Self Employed<br/> <input type="checkbox"/> Displaced Homemaker<br/> <input type="checkbox"/> Dislocated Separating Military Service Members<br/> <input type="checkbox"/> Military Spouse</p> | <p><b>In School:</b></p> <p><input type="checkbox"/> Ages 16-21 at enrollment<br/> <input type="checkbox"/> Attending school<br/> <input type="checkbox"/> Low income, and<br/>           Meets one or more of the following:<br/> <input type="checkbox"/> Basic Skills Deficient (BSD)<br/> <input type="checkbox"/> English Language Learner (ELL)<br/> <input type="checkbox"/> Offender/Ex-offender<br/> <input type="checkbox"/> Homeless, Runaway<br/> <input type="checkbox"/> Currently in or aged out of the foster care system<br/> <input type="checkbox"/> Pregnant or Parenting<br/> <input type="checkbox"/> Individual with a Disability<br/> <input type="checkbox"/> Requires Additional Assistance to Complete an Educational Program or to Secure or Hold Employment<br/> <input type="checkbox"/> Exception to Low Income Requirement</p> <hr/> <p><b>Out of School:</b></p> <p><input type="checkbox"/> Ages 16-24 at enrollment<br/> <input type="checkbox"/> Not attending any school (includes Open Doors)<br/>           And meets one or more of the following:<br/> <input type="checkbox"/> School Dropout<br/> <input type="checkbox"/> Within the Age of Compulsory School Attendance (for WIOA purposes, youth ages 16-17), but has not attended school for at least the most recent complete school year calendar quarter.<br/> <input type="checkbox"/> Offender/Ex-offender<br/> <input type="checkbox"/> Homeless/Runaway<br/> <input type="checkbox"/> Currently in or aged out of the foster care system<br/> <input type="checkbox"/> Pregnant or Parenting<br/> <input type="checkbox"/> Individual with a Disability<br/> <input type="checkbox"/> Has a HS Diploma or GED, is low income, and is either:<br/> <input type="checkbox"/> Basic Skills Deficient:<br/> <b>BSD Score:</b> _____<br/> <input type="checkbox"/> English Language Learner<br/> <input type="checkbox"/> Is low income and requires additional assistance to complete an educational program or to secure or hold employment<br/> <input type="checkbox"/> <b>Exception to Low Income Requirement</b></p> |
| <b>CERTIFICATION AND ACKNOWLEDGEMENT</b>   |  |   |

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I am aware that the provision of false or unverifiable information may be cause for my ineligibility or termination from the program. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to my eligibility and availability of federal funds.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Signature of Parent or Legal Guardian (encouraged if applicant is under 18 years of age)

\_\_\_\_\_  
Month-Day-Year

\_\_\_\_\_  
Signature of WIOA Program Representative

\_\_\_\_\_  
Month-Day-Year