

## **Documents Required for New Applicant Pre-Eligibility Determination**

### **Required Documentation Needed**

- Signed Social Security Card
- Photo ID (Driver's License or State ID)
- Birth Certificate
- HS Diploma/GED/Transcript/School Record

### **Required Barrier Documentation Needed (if applicable)**

- Drop Out – Transcript or School Record
- Income (if employed) – Last 2 paystubs and complete employment verification
- Offender – Police/Criminal Record or Court documents
- Homeless, Runaway, Foster Care – letter or statement from social service agency
- Parenting – Child's Birth Certificate Or Pregnant – medical documentation
- Disability – Medical documentation or IEP School Records
- SSDI/SSI – Social Security income statement

# WIOA YOUTH APPLICATION

<b>Application / Eligibility Date:</b> <i>mm/dd/yyyy</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>____/____/____</span> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </div>		<b>USERNAME:</b> _____ <b>PASSWORD:</b> _____ <span style="color: red; font-weight: bold;">(OFFICE USE ONLY)</span>		<b>CASE MANAGER ASSIGNED:</b> _____	
<b>CONTACT SECTION</b>					
<b>SOCIAL SECURITY NUMBER:</b> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>		<div style="text-align: center; color: red; font-weight: bold;"> <b>VERIFICATION</b> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> DD-214             <input type="checkbox"/> Signed Social Security Card             <input type="checkbox"/> School Record             <input type="checkbox"/> Public Assistance Record         </div>			
<b>FIRST NAME</b>		<b>MIDDLE INITIAL</b>		<b>LAST NAME</b>	
<b>RESIDENTIAL ADDRESS INFORMATION:</b>		Address Line 1: _____ Address Line 2: _____ City: _____ ZIP Code: _____ State : _____ County / Parish: _____ Country: United States			
<div style="text-align: center; color: red; font-weight: bold;"> <b>VERIFICATION</b> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Driver's Licenses / State ID             <input type="checkbox"/> Lease             <input type="checkbox"/> Public Assistance Record             <input type="checkbox"/> Utility Bill             <input type="checkbox"/> Voter's Registration Card             <input type="checkbox"/> Other _____         </div>					
<b>PRIMARY TELEPHONE NUMBER</b>		<b>ALTERNATIVE PHONE NUMBER</b>		<b>E-MAIL ADDRESS</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Relative <input type="checkbox"/> Work <input type="checkbox"/> Other (     ) _____ - _____ EXT _____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Relative <input type="checkbox"/> Work <input type="checkbox"/> Other (     ) _____ - _____ EXT _____		<b>FAX #</b> (     ) _____ - _____	
<b>PREFERRED METHOD OF CONTACT:</b>		<input type="checkbox"/> Primary Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Other _____			
<b>MAILING ADDRESS INFORMATION:</b>		<input type="checkbox"/> <b>SAME AS ABOVE</b> Address Line 1: _____ Address line 2: _____ City: _____ ZIP Code _____ State : _____ County / Parish: _____ Country: United States			
<b>MISCELLANEOUS INFORMATION:</b> Assessing the Web Site From		<input type="checkbox"/> Library <input type="checkbox"/> One Stop Location <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Community Center <input type="checkbox"/> Job Fair <input type="checkbox"/> Place of Workshop <input type="checkbox"/> Military Location <input type="checkbox"/> Other			
<b>How did you hear about this website?</b>		<input type="checkbox"/> Another website <input type="checkbox"/> Business colleague <input type="checkbox"/> Friend <input type="checkbox"/> Job Fair <input type="checkbox"/> Job center / One Stop <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Trade Show/Conference <input type="checkbox"/> Other			
<b>DEMOGRAPHICS SECTION</b>					
<b>DATE OF BIRTH</b> <i>mm/dd/yyyy</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>____/____/____</span> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </div>		<b>AGE TODAY</b>		<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<div style="text-align: center; color: red; font-weight: bold;"> <b>VERIFICATION</b> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Birth Certificate             <input type="checkbox"/> Driver's Licenses / State ID             <input type="checkbox"/> Public Assistance Record             <input type="checkbox"/> School Record         </div>					
<b>Registered w/Selective Service:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> N/A			
<div style="text-align: center; color: red; font-weight: bold;"> <b>VERIFICATION</b> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Not Applicable             <input type="checkbox"/> DD-214             <input type="checkbox"/> INTERNET (www.sss.gov)             <input type="checkbox"/> Selective Services Registration Card         </div>					
<b>U.S. CITIZEN</b>		<input type="checkbox"/> U.S. Citizen / Naturalized <input type="checkbox"/> Lawful Alien: Registration # A _____ <input type="checkbox"/> Permanent Resident: Registration # A _____ Expiration Date: _____			
<div style="text-align: center; color: red; font-weight: bold;"> <b>VERIFY Citizenship</b> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Alien Registration Card Indication             <input type="checkbox"/> Birth Certificate             <input type="checkbox"/> DD-214             <input type="checkbox"/> Naturalization Certification             <input type="checkbox"/> Public Assistance Record  <input type="checkbox"/> School/State or Federal ID   <input type="checkbox"/> United States Passport         </div>					
<b>Considered to be Hispanic Heritage:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO			

# WIOA YOUTH APPLICATION

## DEMOGRAPHICS SECTION (CONTINUED)

Considered to be Haitian Heritage:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>RACE:</b>	(Select 1 or more)	<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian
		<input type="checkbox"/> Hawaiian/Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to answer
Considered to have a disability:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>VERIFY DISABILITY</b>			
<input type="checkbox"/> Medical Records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> School Record			
Category of Disability:	<input type="checkbox"/> No Disability <input type="checkbox"/> Physical / Chronic Health Condition <input type="checkbox"/> Physical / Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-Related Disability <input type="checkbox"/> Hearing-Related Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Participant did not disclose type of disability		
Received services from a State Development Disability Agency (SDDA):	<input type="checkbox"/> SDDA <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Received services from a State or Local mental health agency (LSMHA):	<input type="checkbox"/> LSMHA <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Received services from a Home & Community Based Service Provider under a State Medical (HCBS) Waiver:	<input type="checkbox"/> HCBS Waiver <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Disability Work Setting:	<input type="checkbox"/> Competitive Integrated Employment <input type="checkbox"/> Individual Supported Employment <input type="checkbox"/> Group Supported <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Combination of two or more settings <input type="checkbox"/> Not Employed <input type="checkbox"/> Unknown		
Type of customized Employment Services Received:	<input type="checkbox"/> Discovery assessment services <input type="checkbox"/> Developed a customized employment search plan <input type="checkbox"/> Employer Negotiation Services <input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services <input type="checkbox"/> No CES services <input type="checkbox"/> Unknown		
Received Disability Financial Capability:	<input type="checkbox"/> Benefit planning services <input type="checkbox"/> Financial capability / asset development services <input type="checkbox"/> Benefit planning services and financial capability / asset development services <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Section 504 Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Received Services from Vocational Rehabilitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

## VETERANS SECTION

Transitioning Service Member:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Estimated Discharge Date:	_____
Type of Transitioning Service Member:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge			
Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Served more than 1 tour of duty	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Campaign Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently in the military, a veteran or spouse of a veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

# WIOA YOUTH APPLICATION

## VETERANS SECTION (CONTINUED)

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Military Service Entry Date	
		Military Service Discharge Date	
Are you a current member of the Florida National Guard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a recently separated veteran? Within last 48 months	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eligible Veteran Status	<input type="checkbox"/> Yes <=180 days <input type="checkbox"/> Yes - Eligible Veteran <input type="checkbox"/> Yes - Other Eligible Person <input type="checkbox"/> No		

### VERIFY VETERAN

☐ DD-214    ☐ Military Document (ID, other DD form) indicating dependent spouse

Disabled Veteran:	<input type="checkbox"/> Yes Disabled <input type="checkbox"/> Yes Special Disabled, greater than 30% <input type="checkbox"/> No		
Homeless Veteran:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Received Services from Veterans Vocational Rehabilitation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Received a Transition Assistance Program (TAP) workshop with the last 3 years (WIASRD):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## EMPLOYMENT SECTION

Employment Status:	<input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time <input type="checkbox"/> Not Working <input type="checkbox"/> Never Worked <input type="checkbox"/> Other
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### VERIFY EMPLOYMENT

☐ Job Search Worksheet    ☐ Self Attestation    ☐ UI Records / Check Stubs

What is your desired job title?	
Type of business worked in:	<input type="checkbox"/> Private Business <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Non Profit <input type="checkbox"/> Higher Education <input type="checkbox"/> State Government <input type="checkbox"/> Education (K-12) <input type="checkbox"/> Have Never Worked <input type="checkbox"/> Other:

Unemployment Eligibility Status:	<input type="checkbox"/> No, Neither claimant or exhaustee <input type="checkbox"/> Yes, Claimant referred by PREP <input type="checkbox"/> Yes, Claimant not referred by PREP <input type="checkbox"/> Yes, Exhaustee
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UI Referred By Status:	<input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> N/A
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Claimant has been exempted from work search:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Date claimant was exempted from work search:	____ / ____ / ____ (if applicable)
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### VERIFY UNEMPLOYMENT

☐ UCTC & JT12    ☐ Telephone Verification    ☐ Telephone Verification with UC Office    ☐ Applicant Statement

Are you currently looking for work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any related licenses or certifications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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# WIOA YOUTH APPLICATION

## EMPLOYMENT SECTION (CONTINUED)

Have you been affected by the COVID-19 Pandemic?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently relocated due to a recent natural disaster (e.g. hurricane)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Hurricane Gustav <input type="checkbox"/> Yes, Other
Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?	<input type="checkbox"/> Yes, I have recently received a notice of termination or military separation. <input type="checkbox"/> No, I have not recently received a notice of termination or military separation.
<b>Farm Worker Information</b>	Have you performed work as a farm worker or food processor, including packaging houses, nurseries, or orchards, for at least 25 days within the past 12 months?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Qualifying Farmworker:</b>	<input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishment
<b>Number of Weeks Unemployed:</b>	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <div style="border: 1px solid black; padding: 2px;">Long-term Unemployed (27 or more consecutive weeks)?</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>
<b>Current of most recent hourly rate of pay \$</b>	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <div style="border: 1px solid black; padding: 2px;">If employed, are you under-employed?</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> </div>
<b>Occupation of Most Recent Employment Prior to WIA/WIOA participation (if applicable):</b>	
<b>Farmworker Status (WIASRD):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION SECTION

<b>School Status at Youth Program eligibility:</b>	_____ Highest Grade Completed <input type="checkbox"/> High School Diploma/GED		
<b>Are you attending school?</b>	<input type="checkbox"/> No, not attending any school, <b><u>HS DROPOUT</u></b> <input type="checkbox"/> No, not attending any school, <b><u>HS Graduate/GED</u></b>		
<input type="checkbox"/> Yes, In-School Secondary School or less <input type="checkbox"/> Yes, In-School, Alternative School <input type="checkbox"/> Yes, In-School post Secondary School			
<b>VERIFY EDUCATION</b>			
<input type="checkbox"/> High School Diploma <input type="checkbox"/> School Transcript / Record <input type="checkbox"/> Other: _____			
<b>Most Recent Date Attended Secondary School</b>	_____	<b>Within compulsory school age and did not attend the most recent complete school year calendar quarter (use most recent date attended secondary school):</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Receiving services from Adult Education (WIOA Title I)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	<b>Receiving services from Job Corps:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify
<b>Receiving services from Youth Build</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	<b>Receiving services from Vocational Education (Carl Perkins):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify
<b>YouthBuild Grant Number (if unknown, enter all 9s):</b> Format - AA-99999-99-99-A-99		<b>Individualized Education Program Participant</b>	<input type="checkbox"/> Currently IEP <input type="checkbox"/> Previous IEP <input type="checkbox"/> N/A

# WIOA YOUTH APPLICATION

## PUBLIC ASSISTANCE SECTION

*Individuals or member of a family that is receiving, or in the past 6 months has received the following:*

<b>Temporary Cash Assistance (TANF)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>VERIFY TANF:</b>	<input type="checkbox"/> Public Assistance Records/Printouts
<b>TANF Recipient:</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A or Unknown		
<b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>SSI Recipient:</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A or Unknown		

### VERIFY SSI

- ☐ Public assistance record/print out  
☐ Medical card showing cash grant status

☐ Copy of authorization to receive cash public assistance  
☐ Refugee Assistance

<b>General Assistance (GA)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>GA Recipient:</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> N/A or Unknown

### VERIFY GA

- ☐ Public assistance record/print out  
☐ Medical card showing cash grant status

☐ Copy of authorization to receive cash public assistance  
☐ Refugee Assistance

<b>Supplemental Nutrition Assistance Program (SNAP/FS)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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### VERIFY SNAP/FS

- ☐ Public assistance record/print out

☐ Letter from food stamp disbursing agency

*Individuals receives, or in the last 6 months, received:*

<b>Social Security Disability Insurance Income (SSDI)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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### VERIFY SSDI

- ☐ Statement from Social Service Agency

☐ Other Applicable Documentation (Specify) \_\_\_\_\_

*Individuals currently meets the following:*

<b>Foster Child (State or Local payments are made for applicant)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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### VERIFY FOSTER CARE

- ☐ Court Contact ☐ Court Documentation ☐ Verification of payment on behalf of the child

☐ Written statement from state/local agency

<b>Youth currently living in a high-poverty area</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not Provided
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### VERIFY HIGH-POVERTY AREA

- ☐ Staff Verified based upon address (poverty map)

<b>Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Information Not Provided
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### VERIFY FREE/REDUCE LUNCH

- ☐ School Document

☐ Self Attestation

<b>Receiving services under SNAP Employment &amp; Training Program:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Ticket to work Holder issued by the Social Security Administration</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>Receiving, or has been notified will receive Pell Grant:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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# WIOA YOUTH APPLICATION

## INDIVIDUAL BARRIERS SECTION

English Language Learner	<input type="checkbox"/> YES <input type="checkbox"/> NO	High School Drop Out (WIOA Definition)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b style="color: red;">VERIFY ENGLISH LANGUAGE LEARNER</b> <span style="float: right;"><input type="checkbox"/> Staff Observation</span>			
*Basic Skills Deficient	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>VERIFY BASIC SKILLS DEFICIENT</b>	<input type="checkbox"/> TABE <input type="checkbox"/> CASAS
TEST	DATE	TABE/CASAS VERSION	RAW SCORE OR SS
READING			
MATH			
LANGUAGE			
<b>TABE / CASAS ASSESSMENT SCORES</b>			
Homeless	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b style="color: red;">VERIFY HOMELESS</b>			
<input type="checkbox"/> Written Statement from an individual providing temporary assistance <input type="checkbox"/> Written Statement from Social Services Agency <input type="checkbox"/> Applicant Statement / Self-attestation in limited cases			
Runaway	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b style="color: red;">VERIFY RUNAWAY</b>			
<input type="checkbox"/> Written Statement from an individual providing temporary assistance <input type="checkbox"/> Written Statement from Social Services Agency <input type="checkbox"/> Applicant Statement / Self-attestation in limited cases			
Youth in, or aged out of, Foster Care	<input type="checkbox"/> YES, CURRENTLY IN <input type="checkbox"/> YES, AGED OUT OF <input type="checkbox"/> NO		
<b style="color: red;">VERIFY FOSTER CARE</b>			
<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"/> Other Applicable Documentation (Specify) _____			
Ex-Offender - individual has been arrested / convicted of a crime:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Incarcerated at Program Entry</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date Released from Incarceration ____ / ____ / ____	
<b style="color: red;">VERIFY EX-OFFENDER</b>			
<input type="checkbox"/> Police Record <input type="checkbox"/> Court Document <input type="checkbox"/> Documents from Juvenile / Criminal Justice <input type="checkbox"/> Applicant Statement/Self-attestation in limited cases			
Pregnant / Parenting Youth	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b style="color: red;">VERIFY PREGNANT/PARENTING</b>			
<input type="checkbox"/> Physician's Note <input type="checkbox"/> Child's Birth Certificate			

# WIOA YOUTH APPLICATION

## INDIVIDUAL BARRIERS SECTION (CONTINUED)

Youth Requires Additional Assistance to complete an educational program or to secure / hold employment (**MUST BE APPROVED BY CAREERSOURCE/FCWD**):

☐ YES

☐ NO

### VERIFY REQUIRING ADDITIONAL ASSISTANCE

☐ RWD Definition

☐ Individual Strategy

☐ Self-Attestation

Out-of-Home Placement:

☐ YES

☐ NO

Eligible under Section 477 of the Social Security Act:

☐ YES

☐ NO

## BARRIERS TO EMPLOYMENT SECTION

Considered to have a disability

☐ YES

☐ NO

Displaced Homemaker

☐ YES

☐ NO

Meets long term unemployment definition

☐ YES

☐ NO

Within 2 years of exhausting TANF lifetime eligibility

☐ YES

☐ NO

Older individual (age 55 and older)

☐ YES

☐ NO

Hawaiian Native

☐ YES

☐ NO

American Indian/Alaskan Native

☐ YES

☐ NO

Single Parent (including single pregnant women)

☐ YES

☐ NO

Cultural barriers

☐ YES

☐ NO

Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i)

☐ YES

☐ NO

Meets Governor's special barriers to employment

☐ YES

☐ NO

## HOUSEHOLD INCOME SECTION

Family Size (If the individual has a disability, they qualify as a Family of 1):

### VERIFY FAMILY SIZE

☐ Birth Certificate(s)

☐ Public Assistance / Social Service Agency Record

☐ Applicant Statement / Self-attestation, in limited Cases

☐ Other Applicable Documentation (Specify) \_\_\_\_\_

Annualized Family Income:

\$

### VERIFY HOUSEHOLD INCOME

☐ Paystubs

☐ Public Assistance Record

☐ Social Security Benefits

☐ Applicant Statement / Self-attestation, in limited Cases

☐ Other Applicable Documentation (Specify) \_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name \_\_\_\_\_

Contact Number: \_\_\_\_\_



# WIOA YOUTH APPLICATION

## ACKNOWLEDGEMENT

I hereby apply for employment services, and certify that I am aware that personal information such as social security number, birth date, sex, race, ethnicity and education will be entered into the Employ Marketplace, a powerful online labor market exchange tool.

**We are strongly committed to maintaining the privacy of your personal information and the security of our computer systems. With respect to the collection use and disclose of personal information, the system makes every effort to ensure compliance with applicable Federal Law, including, but not limited to, the Privacy Act of 1974, the Paperwork Reduction Act of 1995, and the Freedom of Information Act.**

The information is kept on file in a secure database and will only be used by our staff to better provide assistance to you in determining eligibility for federal assistance in obtaining employment and/or training for employment. This information will not be transmitted to other companies, solicitors or organizations not associated with the performance of the responsibilities delineated in the Federal Workforce Investment Act of 1998.

**APPLICANT CERTIFICATION STATEMENT:** *(Not to be signed and dated until all documentation has been provided)*

I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant's Signature	Date
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**Parent/Guardian Signature**
**Date**

Provider/Contractor	Staff's Signature	Date
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\_\_\_\_\_  
**CareerSource NEFL Staff Signature** **Date**

*CareerSource is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individual with disabilities. All voice telephone numbers for CareerSource may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.*



## APPLICANT STATEMENT / SELF-ATTESTATION FORM

Participant Name (print): \_\_\_\_\_

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**I HEREBY ATTEST TO THE FOLLOWING (check all that apply):**

☐ Out of School Status: \_\_\_\_\_ GED/High School Graduate OR \_\_\_\_\_ Last Grade Completed  
**(Only to be used if unable to secure documentation outside of Florida schools)**

☐ Currently Unemployed

☐ Homeless

☐ Offender **(Only to be used, if criminal record is not local – used description below)**

Criminal Record Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Number of individual(s) living in my household \_\_\_\_\_

☐ Annual household income \$ \_\_\_\_\_

☐ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(Under age 18)

\_\_\_\_\_  
DATE

This program is brought to you in partnership with the CareerSource Northeast Florida: This (project/publication/program/social media/presentation/etc.) is fully supported by the U.S. Department of Labor, Health and Human Services, and Agriculture and other agencies as part of awards totaling \$4.3 million (revised annually).

CareerSource Northeast Florida is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. A proud partner of the American Job Center network.

A proud partner of the americanjobcenter network



## Participant Photo/Video Release Form

I hereby authorize the use, of the name of \_\_\_\_\_, the likeness, quotes, story, and all materials or performances, which are hereby provided for use in print materials such as annual reports, newsletters, videos, press releases and brochures. I understand that I will be participating at various city and non-city agencies and /or local companies. I understand that I maybe be photographed and/or included in written information.

I voluntarily release CareerSource and/or its Providers from any and all liability based on claimed negligence at the time when I am under the supervision of CareerSource and/or Providers.

I agree to provide, if requested, any documentation necessary to verify information on this form or I authorize to provide, if requested, any documentation necessary to verify information on this form or I authorize CareerSource and/or its Providers to verify information provided, if necessary.

**WARNING:** Section n1001 of Title 18 of U.S. Code makes it a criminal offense to make false statement or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

By signing below, you attest that you have read and understand the information and statements within this document.

<b>Participant's Print Name</b>		<b>Participant's Signature</b>
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**If Participant is under 18:** I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

**Parents: Please initial if you agree with the following statements or place "N/A" if you do not agree:**

\_\_\_\_\_ I authorize my child to be photographed and/or included in written information.

<b>Parent's Print Name</b>	<b>Parent's Signature</b>
----------------------------	---------------------------

**Date:** \_\_\_\_\_

This program is brought to you in partnership with the CareerSource Northeast Florida: This (project/publication/program/social media/presentation/etc.) is fully supported by the U.S. Department of Labor, Health and Human Services, and Agriculture and other agencies as part of awards totaling \$4.3 million (revised annually).

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## Grievance/Complaint Procedures

*Equal Opportunity Is the Law*

CareerSource Northeast Florida is an Equal Opportunity Employer and Program Service Provider. We are committed to the spirit and letter of all federal, state and local laws and regulations pertaining to equal opportunity. As a recipient or sub-recipient of Federal financial assistance, we do not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA) and/or Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA/WIOA Title I-financially assisted program or activity. We do not discriminate in any of the following areas: deciding who will be admitted or have access to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

**If you have a complaint, or feel that your rights have been violated, you may file a grievance according to the information below.**

### **Noncriminal, Nondiscrimination and Displacement Grievances**

We encourage you to speak with the Director who will ensure that every effort is made to address your concerns. If the Director doesn't resolve your concerns within 30 calendar days, you may forward your formal written grievance to the President of First Coast Workforce Development, Inc., 1845 Town Center Boulevard, Suite 250, Fleming Island, FL 32003. Any formal Grievance must be filed within 180 days of the alleged violation. Your formal Grievance must be made in writing, signed and dated, and contain the following information: full name, contact (telephone, mailing address, etc.) of Grievant; full name, contact (telephone, mailing address, etc.) of the Respondent (the person or entity against whom the Grievance is made); a statement of the basis for complaint, including the requirement of the Workforce Investment Act of 1998 (WIA) and/or Workforce Innovation and Opportunity Act of 2014 (WIOA) that the Grievant alleges has been violated; a statement of the facts, including pertinent dates, constituting the alleged violation; and the remedy being sought. You have the right to receive technical assistance in filing your Grievance, including instructions on how to file, relevant copies of documents such as the WIOA regulations, local policies, contracts, etc., and clarification/interpretation of relevant provisions.

If we do not have jurisdiction over the complaint, we will notify you immediately in writing with instructions to whom you should file your complaint. If we have jurisdiction, the FCWD President will work to resolve your Grievance and provide you a written Statement of Resolution within 60 days.

If you are dissatisfied with the Statement of Resolution, or if 60 days pass without receiving a written response, you may file your Grievance with an alternative agency. You must do so within 30 days of the date you received the Statement of Resolution or the expiration of the 60-day period. Submit your written request for review to the Department of Economic Opportunity, Office of General Counsel, 107 East Madison St, MSC110, Tallahassee, FL 32399-4128, or the US Department of Labor, Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Ave NW, Washington, D.C. 20210.

### **Criminal and Discrimination Complaints**

It is against the law for us to discriminate on the following basis: against any individual in the United States, 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, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. We must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

If you think that you have experienced or been subjected to unlawful discrimination under a WIA/WIOA Title I-financially assisted program or activity, contact the CareerSource Northeast Florida Equal Opportunity Officer, Cheryl A. Taylor, via email at [ctaylor@careersourceneffl.com](mailto:ctaylor@careersourceneffl.com), or by phone at 904-356-5627 ext. 2233, or by mail at 215 N. Market Street, Jacksonville, FL. 32202. You may also file a Complaint with the Office for Civil Rights (OCR), Veronica Owens, Equal

Opportunity Officer, Department of Economic Opportunity, Caldwell Building – MSC 150, 107 East Madison St, Tallahassee, FL 32399-4129. You must file a Complaint within 180 days from the date of the alleged violation.

If you file your Complaint with the CareerSource Northeast Florida Equal Opportunity Officer and/or the Office for Civil Rights (OCR), you must wait for a written Notice of Final Action or until 90 days have passed before filing a complaint with the Civil Rights Center (CRC).

If you are dissatisfied with the decision or resolution, or if 90 days pass without receiving a written Notice of Final Action, you may file your Complaint with The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. You must do so within 30 days of the date you received the Notice of Final Action or the expiration of the 90-day period.

A Discrimination Complaint can also be filed by writing to the Florida Commission on Human Relations Florida Law Violations, 2009 Apalachee Parkway, Suite 100, Tallahassee, FL 32301 or by calling them at (850) 488-7082 to request the necessary forms and instructions. If sight or speech impaired, call the Florida Relay system at 1-800-342-8170 for assistance.

If you receive assistance through the Workforce Innovation and Opportunity Act (WIOA) or TANF/WT, complaints can be filed with the U.S. Department of Labor, Office of Inspector General, Office of Investigations, 200 Constitution Ave., NW Room S-5014, Washington, DC 20210.

If you receive assistance through SNAP, complaints can be filed with the U.S. Department of Agriculture, Office of Hearing Clerk, Room 112, Administration Building, Washington, DC 20250.

**Grievances related to Criminal Violations and Reports Alleging Fraud, Waste and Abuse** related to CareerSource Northeast Florida programs can be mailed to the United States Department of Labor, Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Ave NW, Washington, D.C. 20210. A copy of the alleged criminal complaint or report must be mailed to the Department of Economic Opportunity, Office of General Counsel, 107 East Madison St, MSC 110, Tallahassee, FL 32399-4128.

**Retaliation Prohibited:** No person or agency may discharge, or in any other manner discriminate or retaliate against any person, or deny to any person a benefit to which that person is entitled under the provisions of the Act or the regulations because such person has filed any complaint, instituted or caused to be instituted any proceedings under or related to the Act has testified or is about to testify in any such proceedings or investigation or has provided information or assisted in an investigation.

***As a customer of CareerSource Northeast Florida and FCWD, I certify that I have read and understand my rights and responsibilities as described above and have received a copy of this signed form.***

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Parent/Guardian Signature (if under 18)**

\_\_\_\_\_  
**Date**

***As a representative of FCWD, I verify that I have reviewed the above information with the customer and witnessed their signature.***

\_\_\_\_\_  
**Workforce Services Representative**

\_\_\_\_\_  
**Date**

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**Follow-Up Agreement**

Name: \_\_\_\_\_

Last 4 SS#): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Our services don't end at the end of your program. We want to help you achieve your goals: retaining your job, holding on to wage gains, and continuing your career progress. Follow-up is critical to ensure successful, long-term employment and meet educational goals. You are being enrolled in an employment and training program funded under the Workforce Innovation and Opportunity Act (WIOA). **After you leave this program and secure employment, a representative will contact you to see how you are doing and follow up on your employment or educational status every quarter for a year.**

Information you provide will be used to help us improve our services to you and help future participants. The call and/email will only take a few minutes, and all the information you provide us will be kept strictly confidential. We believe that maintaining contact is very important to your success.

Follow up Services may include additional career planning and coaching, assistance with work-related problems that may arise, information about additional educational opportunities, informational mailings or emails, referral to supportive services available in the community; purchase of work-related uniforms/attire, and help with transportation.

In order to help us stay in touch, please list two people who do not live in your household and who will know how to contact you in the event that you have moved and changed phone numbers or email addresses.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I agree to provide information in the follow-up interviews. The information I provide will be kept strictly confidential. I also give permission to my past and present employers to release information to \_\_\_\_\_ regarding my employment and earnings.

**Provider's/RWDB's Representative****OR**

\_\_\_\_ (Initials) I \_\_\_\_\_ choose to opt out of follow-up services.

\_\_\_\_\_  
**Participant's Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Provider's/RWDB's Representative Signature**\_\_\_\_\_  
**Date**

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## OBJECTIVE ASSESSMENT & INDIVIDUALS SERVICE STRATEGY (ISS)

State ID: \_\_\_\_\_

### PARTICIPANT'S INFORMATION

Participant's Name:	Phone Number: (     )  <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Date of Enrollment:
Address:	City/State/Zip Code:	Birth Date:
Preferred Method of Contact:  <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Text <input type="checkbox"/> Email		Email Address:

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### EDUCATION HISTORY

Dropped Out of School: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?	Highest Grade Completed / # of Credits:	Last School Attended
Completed High School Diploma / GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed:	School / Program:
Ever Attended Post-Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name:	Area of Study/Concentration:

List any other Diplomas / Degrees / Licenses / Certifications taken:

List any additional Education / Vocational Training Courses taken:

Other Comments on Educational History:

**EMPLOYMENT HISTORY (LAST 6 MONTHS)**

Start Dates	End Dates	Company Name	Job Title	Hourly Wage (\$)	Job Duties

**Strengths & Barriers**

*Identify personal, educational, occupational, financial, medical, childcare, transportation, housing, food/nutrition*

Strengths	Challenges (Barriers)	Service/Resource/Partner Agency Referral

**Basic Skill (Pre-Test):**

Circle one:

Test: 9 10 11 12

Test Date:

Type of Test:

☐ TABE ☐ Other: \_\_\_\_\_**Reading****Math****Language**

Raw Score		Raw Score		Raw Score	
Grade Level		Grade Level		Grade Level	
Educational Functioning Level (EFL)		Educational Functioning Level (EFL)		Educational Functioning Level (EFL)	

**Basic Skill (Post-Test):**

Circle one:

Test: 9 10 11 12

Test Date:

Type of Test:

☐ TABE ☐ Other: \_\_\_\_\_**Reading****Math****Language**

Raw Score		Raw Score		Raw Score	
Grade Level		Grade Level		Grade Level	
Educational Functioning Level (EFL)		Educational Functioning Level (EFL)		Educational Functioning Level (EFL)	

**Other Assessment Results**

Interest / Aptitudes Assessment(s)

Type of Test / Tool

Date:

Indicate the result(s):

Other Assessment(s):

Type of Test / Tool

Date:

Indicate the result(s):



Work-Related Strengths	Career Manager describe participant observed strengths:
<input type="checkbox"/> Punctuality (Time & Attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Follows Written Directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Follows Verbal Directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Application of Work-Related Math	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Reading for Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Technical Writing Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A, Did Not Observe

### SERVICE STRATEGY GOALS & ACTION PLAN

All participants will receive career counseling and job placement assistance.

Identify personal, educational, and occupational short- and long-term goals.

Please identify goals that are **S** (specific); **M** (measurable); **A** (attainable); **R** (realistic); and **T** (time-specific)

#1 Career Pathway Priority: \_\_\_\_\_

#2 Career Pathway Priority: \_\_\_\_\_

Goal Type	Short-Term Goal	Long-Term Goal	Results
Educational Goal			<input type="checkbox"/> Credential Attainment <input type="checkbox"/> Measurable Skill Gain <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
Occupational/Employment Goal			<input type="checkbox"/> Credential Attainment <input type="checkbox"/> Measurable Skill Gain <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
Personal/Social Goal			<input type="checkbox"/> Credential Attainment <input type="checkbox"/> Measurable Skill Gain <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A

### **Required WIOA Program Elements**

The **14 WIOA youth program elements** are made available to each youth during the program. These are independently driven by the participants needs. Any service needed will be identified in the ISS and documented with the case file and case noted in the EF system.

<b>Improving Educational Achievement</b>	<b>Actual Begin Date</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Tutoring: study skills training, and instruction leading to secondary school completion, including dropout prevention strategies  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>
<input type="checkbox"/> Alternative secondary school offerings  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>
<input type="checkbox"/> Activities that help youth prepare for transition to postsecondary education and training  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>
<b>Preparing for and Succeeding in Employment</b>	<b>Date Opened</b>	<b>Actual End Date</b>	<b>Successful Completion</b>
<input type="checkbox"/> Paid & unpaid work experience (pre-apprenticeship programs, internships, job shadowing, OJT) with Academic & occupational education  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>
<input type="checkbox"/> Labor market & employment information including career awareness, career counseling, and career exploration services  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>
<input type="checkbox"/> Education offered concurrently with workforce preparation and training for a specific occupation  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>

Preparing for and Succeeding in Employment	Date Opened	Actual End Date	Successful Completion
<input type="checkbox"/> Occupational skills training <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
<input type="checkbox"/> Entrepreneurial skills training <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
Supporting Youth	Date Opened	Actual End Date	Successful Completion
<input type="checkbox"/> Supportive service _____ <input type="checkbox"/> Supportive service _____ <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
<input type="checkbox"/> Adult mentoring <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
<input type="checkbox"/> Comprehensive guidance & counseling (may include drug & alcohol abuse counseling & referral) <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
Developing the Potential of Young People as Citizens & Leaders	Date Opened	Actual End Date	Successful Completion
<input type="checkbox"/> Leadership development opportunities/ Opportunities to develop social behaviors, other soft skills, and leadership opportunities <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>
Other	Date Opened	Actual End Date	Successful Completion
<input type="checkbox"/> Other Activity _____ <input type="checkbox"/> Other Activity _____ <i>Action Steps/Referrals:</i> <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain:</i>

Follow-Up Services Offered	Date Opened	Actual End Date	Successful Completion
<input type="checkbox"/> Follow-Up Service Activity _____  <input type="checkbox"/> Follow-Up Service Activity _____  <i>Action Steps/Referrals:</i>  <i>Comments:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If no, explain:</i>

Individual Service Strategy Revisions		
Date	Revisions Case Noted	Youth & Case Manager Initials
		/
		/
		/
		/
		/
		/

## **PARTICIPANT & CASE MANAGER'S AGREEMENT**

### **Initials**

\_\_\_/\_\_\_

I have participated in developing my Individual Service Strategy.

\_\_\_/\_\_\_

I understand and agree to the service plan as described.

\_\_\_/\_\_\_

I understand that this plan **DOES NOT CONSTITUTE ENTITLEMENT** to these services

\_\_\_/\_\_\_

I authorize my case manager and/or program staff to communicate pertinent information about me and my goals to any and all agencies, schools, and employers in order to assist me in meeting my training and employment plan/goals.

\_\_\_/\_\_\_

I understand and agree that I will actively participate in the program activities, maintain at a minimum, bi-weekly contact with Case Manager or Program Staff and discuss any problems that may disrupt the plan completion.

\_\_\_/\_\_\_

I understand and agree that my lack of commitment, participation and follow-through on my part may result in my dismissal.

\_\_\_/\_\_\_

I understand and agree to provide documentation as it relates to training and employment (i.e.: GED, High School Diploma, certifications, license(s), report cards, employment verification, etc.).

\_\_\_/\_\_\_

I understand and agree that I must participate with follow up information to my Case Manager or Program Staff concerning updates, employment, education, military, etc. at 3-, 6-, 9- and 12-months following program exit.

---

**Participant's Signature**

---

**Date**

---

**Parent / Guardian's Signature**  
(If ages 17 & under)

---

**Date**

---

**Case Manager / Staff Signature**

---

**Date**

# SELECTIVE SERVICE SYSTEM

## AFFIDAVIT

It is understood that one of the provisions of the Workforce Innovation and Opportunity Act (WIOA) requires that all males born after January 1, 1960 register with the Selective Service System in Order to participate and to participate in the WIOA Program.

I am presently seventeen (17) years old or younger. I am not yet required to register with the Selective Service System. However, if I am enrolled in the WIOA Program at the time I turn eighteen (18) years of age, I hereby give CareerSource, permission to submit SSS Form I to the Selective Service System (SSS) on my eighteenth (18<sup>th</sup>) birthday which will register me with the Selective Service System.

---

**APPLICANT NAME**

---

**DATE**

---

**STAFF**

The Student Agreement Contract guidelines is comprised of the practices adopted by Wealth Watchers, Inc. that we expect each of you to read and become familiar with. The policies outlined herein should be considered as guidelines only and may require changes from time to time. Wealth Watchers Inc. retains the right to make decisions involving attendance and the conduct of its business as needed and in a manner that is beneficial to the youth participants and our company.

I, \_\_\_\_\_, as a participant in the C.O.F.F.E.E. Project, I will follow the guidelines below.

**Initial \_\_\_\_\_ I agree to be always professional...** I agree to treat others as I wish to be treated. I will not engage in any form of physical, emotional, or verbal abuse, bullying, or discrimination of any kind. I will avoid foul language and dishonesty. I will avoid involvement in "cliques" or other exclusive groups.

**Initial \_\_\_\_\_ I agree to participate fully...** I agree to participate fully in every class, program, and related activities. I understand that the expectations of me is to show up on-time and prepared. Also, if I am not able to attend the class or program activity, I will notify the case manager and provide an explanation. Repeated tardiness and/or absences can jeopardize my continue employment in the program

The success of my experience is largely determined by me and my peers, by our individual and collective attitudes and motivation. I will try to maintain a positive attitude even when I'm upset. I will work cooperatively and interact maturely with others and will "pull my own weight" with the responsibilities.

**Initial \_\_\_\_\_ I agree to respect places and property...** I agree to respect the local people and customs of the country in which I am travelling. As instructed by my staff, I will wear clothing in keeping with what is deemed appropriate by local etiquette. I understand that my staff may ask me to change or purchase new clothing if I ignore instructions. I also agree to not steal, damage, or alter any property that is not my own, and will help protect natural areas by following local conservation guidelines.

**Initial \_\_\_\_\_ I agree to use cell phones and electronics only during approved times...** I agree to use cell phones, iPods, and other electronics only during times designated by staff. I understand phone calls, checking social networks, etc. during activity times can be disruptive.

**Initial \_\_\_\_\_ I agree to the ZERO tolerance policy for tobacco, alcohol, and illegal drugs...** I agree to not consume, possess, purchase, conspire to purchase, or even associate with those using tobacco products, e-cigarettes, alcohol products, illegal drugs, and/or prescription medications not used as directed. I understand the **zero-tolerance** policy extends to all arrival/departure days and flights.

**Initial \_\_\_\_\_ I agree to not obtain tattoos or piercings...** I agree to not obtain tattoos or piercings while on program.

**Initial \_\_\_\_\_ I agree to put safety first...** I agree to always put safety first, taking care of myself and those around me. I will ask questions and/or speak up when I feel unsafe or uncomfortable with a situation or activity.

**Initial \_\_\_\_\_ I agree to obey instructions...** I agree to listen and obey the instructions given by my staff. I know, above all, they are looking after my safety and wellbeing, as well as the group.

**Initial \_\_\_\_\_ I agree to follow attendance rules...** I agree to participate in all related classes, programs and relate activities on time. If I am not able attend scheduled classes or jobsite, I will immediately contact my case worker and inform them of the reason.

**Throughout my program, I affirm that I will conduct myself within the boundaries of this contract. I understand that breaking any of the agreements can incur severe consequences, including immediate dismissal.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)