

WORK FORCE

West Virginia
USA

"Equal Opportunity Employer/Program"
"Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"

Workforce Investment Act (WIA) Eligibility Certification Documentation List

Region 2 consists of the following counties: Boone, Cabell, Lincoln, Logan, Mingo, Putnam, Wayne

You must be a resident of, or dislocated from, one of the above counties to be eligible in Region 2.

Should you have any questions, you may call 1-866-262-5348

(Eligibility Requirement\Acceptable Documents (one item from each requirement is required))

- Citizenship/Alien Status** **Document Provided** _____
birth certificate, hospital record of birth, voter's registration card, public assistance records, any government document with birthplace, foreign passport stamped eligible to work, naturalization certificate, US passport, school records, alien registration card indicating right to work (INS forms I-151, I-551, I-94, I-688A, I-197, I-179), *if place of birth is shown*: marriage certificate, child's birth certificate, baptismal certificate, DD214 report of transfer or discharge from military, Native American tribal records
- Date of Birth** **Document Provided** _____
birth certificate, hospital record, voters registration, baptismal record, federal-state-local ID card, driver's license, public assistance/social service records, school records, ID, work permit, tribal records, Department of Vital Statistics records
- Family Size** **Document Provided** _____
birth certificates, most recent tax return, social security cards, public assistance records
- Income/Public Assistance Recipient** **Document Provided** _____
most recent pay stub, benefit payment verification, public assistance records, copy of public assistance check, medical card showing cash grant status, refugee assistance records, public assistance identification card, food stamp card w\current date, letter from food stamp disbursing agency, postmarked food stamp mailer with acceptable name and address, Notarized letter of Financial Support
- Residence (must show current physical address)** **Document Provided** _____
driver's license, utility bill, rent receipt with address, food stamp record, property tax records
- Social Security Number (must show #)** **Document Provided** _____
soc sec card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722
- Selective Service (all males age 18\over)** **Document Provided** _____
selective service registration card, internet verification (can be printed at www.sss.gov/records.html)
- Veteran Status (must have DD214)** **Document Provided** _____
- Dislocated Worker** **Document Provided** _____
verification from employer, rapid response list, notice of layoff, UI records, public announcement with UI cross match
- Photo I.D.** **Document Provided** _____
driver's license, military ID, school ID
- Disability Status** **Document Provided** _____
Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement

REGION 2 WIA INTAKE APPLICATION

CONTACT INFORMATION

Social Security Number: (Last 4 Digits) _____		Date of Birth: ____/____/____			
Name: _____					
Last Name		First Name		Middle Initial	
Address: _____					
Street/PO Box		City	State	Zip	County
Primary Phone (_____) _____ - _____		Alternate Phone (_____) _____ - _____			
E-Mail Address (optional): _____					

CHARACTERISTICS

Do You Have A Disability? YES NO

If YES, does your disability result in a substantial barrier to employment YES NO

If you answered YES to any question above, please briefly explain disability: _____

Have you ever been convicted of a felony? YES NO

If YES, Please Explain:

Do You Have Limited English? YES NO

Are you homeless? YES NO

Have You Received WIA Funds within the Past Five Years? YES NO

CITIZENSHIP

Are You A United States Citizen? YES NO

If No, Are You Authorized To Work In The United States? YES NO Card # _____

If Male, Are You Registered With Selective Service? YES NO Card # _____

EMPLOYMENT INFORMATION/SELF-SUFFICIENCY (most recent pay stub)

Are You Currently Employed? YES NO

If YES Employer _____

Start Date	Job Title	Hourly Wage	Avg Hrs/Wk
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If Not currently employed; please list name of most recent employer; OR employed less than 2 years, please list last five (5) years of employment.

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____

_____/_____/_____ to ____/____/_____

Dates Employed

Job Title

Reason For Leaving: Lay-Off Termination Quit Other _____

EDUCATION (Please begin with the most recent.)

Highest Grade Completed: High School Diploma GED HS Dropout College ___ Yrs/Sem

College, Type of Degree _____

Name of School _____

City/State

Date of Graduation ____/____/_____

Are You Currently Attending School/Training? YES NO

If YES, Program: _____

Training Institution _____

City/State

Are You Receiving Financial Assistance for Education? YES NO

If YES, Type _____

ADDITIONAL EDUCATION

Type of Training (i.e., Vocational) _____

Name of School _____

City/State

Date of Graduation ____/____/_____

CERTIFICATION (Please provide the information for all the certifications you have completed)

Certification Title: _____

Awarding Institution: _____

City/State: _____

Expiration Date: (if applicable) _____

Description: _____

LICENSES, SKILLS, QUALIFICATIONS AND ACHIEVEMENTS

Please provide any additional information describing skills that can be related to employment. Examples: volunteer or leisure activities, ability to operate special equipment, membership in professional organizations, etc.

Check all that apply

Barber/Cosmetology

Construction/Renovation

Driver's License/CDL

General

Healthcare

Mining

Professional Services

Real Estate

Safety

Title: _____

Additional Details/ Description: _____

Expiration Date (if applicable) _____ / _____ / _____

Experience: _____

FAMILY – Number In Family (including yourself) _____

ANNUAL FAMILY INCOME- (Gross Amount) \$ _____

OTHER INCOME INFORMATION:

Food Stamp Recipient YES NO Pension YES NO

SSI/SSD Recipient YES NO Other YES NO

TANF Recipient YES NO Specify _____

MILITARY HISTORY:

Are You A Military Veteran? **If YES, Please Provide DD214** YES NO

Are You A Recently Separated Veteran? (*Up To 36 Months From Date Of Separation*) YES NO

If Veteran, Start Date Of Active Military Duty _____ End Date _____

Did You Serve More Than 180 Days On Active Duty In The Military? *Do Not Include National Guard Or Reserve Training Time!* YES NO

Did You Serve In Active Duty In The U.S. Armed Forces During A War Or In A Campaign Or Expedition For Which A Campaign Badge Had Been Authorized? YES NO

Were You Discharged Or Released From Active Duty Because Of A Service-Connected Disability? YES NO

Has The Department Of Veterans Affairs Awarded You A Service-Connected Disability Since Your Release From Active Duty? YES NO

What Is Your Service-Connected Disability Rating ? _____%

If Less Than 30%, Has The Department Of Veterans Affairs Determined That Your Service-Connected Disability Results In A Serious Employment Handicap? YES NO

DISLOCATION INFORMATION

Are you a union Member? YES NO Name of Union _____

Have You Been Laid Off Or Terminated From Your Most Recent Job YES NO

What Was The Dislocation A Result Of: *(Please Provide Documentation)*

- | | | |
|-------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Actual Layoff | <input type="checkbox"/> Notice of Closure | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Notice of Layoff | <input type="checkbox"/> Actual Closure | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Quit | <input type="checkbox"/> Receiving U.I. | |

Name of Employer/Business _____

Months with Employer of Dislocation _____

Are You Are Displaced Homemaker?

Individual Who Has Been Providing Unpaid Services To Family Members In The Home And Who:

- Has Been Dependent On The Income Of Another Family Member But Is NO Longer Supported By That Income: **AND**
 - Is Unemployed Or Underemployed And Is Expecting Difficulty In Obtaining Or Upgrading Employment.
- YES NO

I Attest The Information Supplied On This Application Is True And Accurate To The Best Of My Knowledge.

Applicant Signature _____ **Date** ____/____/____

CIVIL RIGHTS STATEMENT

EQUAL OPPORTUNITY IS THE LAW

As an APPLICANT/CLAIMANT, we welcome you to WORKFORCE West Virginia.

--- It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and Against any beneficiary of programs under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of citizenship/lawful residence/work status or participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title I-funded 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.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under WIA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient: Alice McVey, Equal Opportunity Officer, WORKFORCE West Virginia, 112 California Avenue, Charleston, WV 25305, 304-558-1600; 304-558-1549 (TDD) or The Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, 202-693-6502; 202-693-6516/16 (TTY).

If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read the above Civil Rights Statement and understand it.

_____ I Agree _____ I Disagree

Print Name

Signature

SSN - Last 4 Digits

Date

Contact Update Form

Please list two contact names, address and phone numbers below

PARTICIPANT NAME _____

ADDRESS _____

PHONE NUMBER _____

Contact 1

Name _____ **Relationship** _____

Address _____

Phone Number with Area Code __ (____) _____

Contact 2

Name _____ **Relationship** _____

Address _____

Phone Number with Area Code __ (____) _____

I _____ **(signature)** **have been provided information by the case manager**
about the Supportive Services Program and follow-up procedure on _____ **(date).**

Case Manager _____ **Date** _____

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REGION 2 WORKFORCE INVESTMENT BOARD GRIEVANCE PROCEDURE

*All Workforce Investment System participants have the right to file a grievance if they are adversely affected or prejudiced by an alleged violation of the Workforce Investment Act.

Grievance: An actual or supposed circumstance regarded as just cause to protest or complaint.

Grievance Procedure

Step 1...The person having the complaint shall discuss it with his/her immediate supervisor/instructor within two (2) working days of becoming aware of the alleged occurrence.

Supervisor/Instructor shall give a written response to grievant within three (3) working days.

Grievant accepts the decision or proceeds to:

Step 2...Grievant requests a review from the training provider/employer within two (2) working days

Training provider/employer gives a written response to grievant within five (5) working days and forwards a copy of the complaint and responses to Step 1 and Step 2 to the Region 2 Compliance Officer.

Grievant accepts the decision OR proceeds to:

Step 3...Grievant forwards grievance form within two (2) working days to:

COMPLIANCE OFFICER
Region 2 Workforce Investment Board
2699 Park Avenue, Suite 210
Huntington, West Virginia 25704

Workforce Investment Board staff reviews and/or investigates the complaint in an attempt to reach an informal resolution.

If an informal resolution cannot be reached, a formal hearing will be provided within 30 days of original filing date.

A written decision will be rendered to all parties within 30 days of hearing. An Individual alleging a labor standards violation may submit a grievance to a binding arbitration procedure if a collective bargaining agreement covering the parties to the grievance permits.

Step 4...If the grievant does not receive a written decision within sixty –days (60) of original filing date OR receives an unsatisfactory decision, the grievant has ten (10) days to request a review of the grievance by:

State WIA Compliance Officer
WORKFORCE West Virginia
112 California, Building 4
Charleston, West Virginia 25305

The decision of the State WIA Compliance Officer is final except where there is reasonable cause to believe the Workforce Investment Act or regulations have been violated. If reasonable cause exists, either party may request a determination by the Secretary of Labor.

BY SIGNING THIS FORM YOU ARE ATTESTING THAT YOU HAVE RECEIVED A COPY OF THE REGION 2 WORKFORCE INVESTMENT BOARD GRIEVANCE PROCEDURES.

Signature _____ Date _____

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WORKFORCE West Virginia Privacy/Disclaimer Statement

By enrolling with WORKFORCE West Virginia you agree that the career partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

I have read the above statement and agree, indicating so below with my signature, that the WORKFORCE West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign and notify the individual with whom I am conducting my business.

Applicant Signature _____ Date _____

INFORMATION VALUES AND PRIVACY POLICY STATEMENT

Our Consumer Information Values and Privacy Policy is provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

VALUES

Information security is a priority

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

POLICY

How we keep information secure.

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external suppliers and partners. Employees who violate our policies and procedures regarding privacy are subject to disciplinary action, and our partners and suppliers are bound to uphold our procedures regarding privacy under the terms our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information.

We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

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**WEST VIRGINIA BUREAU OF EMPLOYMENT PROGRAMS
WORKFORCE INVESTMENT ACT
DISCRIMINATION COMPLAINT PROCEDURES**

TO ALL CLAIMANTS/APPLICANTS/PARTICIPANTS

The Bureau of Employment Programs endorses and promotes equal opportunity in all its endeavors as a public service agency. Assurances have been given to the U.S. Department of Labor that all services and benefits will be provided without regard to race, color, sex, religion, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship, or participation in, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with any Workforce Investment Act Title I financially assisted program or activity.

As a recipient of federal funds the Bureau of Employment Programs has adopted procedures for processing allegations of discrimination prohibited by Title VI of the Civil Rights Act of 1964, Section S04 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, Title IX of the Education Act of 1972, Age Discrimination Act of 1975, Section 188 of the Workforce Investment Act and the U.S. Department of Labor implementing regulations at 29 CFR 37.

Complaints alleging discrimination may be filed with either the U.S. Department of Labor, Civil Rights Center or the Bureau of Employment Programs within 180 days of the alleged incident. The Civil Rights Center may, for good cause shown, extend the filing deadline. Complain forms may be obtained from the office manager or the Bureau's Equal Opportunity Officer.

For Information or to file a complaint contact:

Alice McVey, EO Officer
WORKFORCE West Virginia
112 California Avenue
Charleston, WV 25305
Telephone (304) 558-1600
TDD (304) 558-1549

OR Annabelle Lockhart, Director
Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, DC 20210
Telephone (202) 219-7026
TDD (202) 219-7003

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RELEASE OF INFORMATION

PLEASE READ THE INSTRUCTIONS THOROUGHLY BEFORE MAKING YOUR CHOICE

Sharing Your Information

By participating in the WORKFORCE West Virginia system, you agree that Region 2 Workforce Investment Board and its' Partners may access and use all of the information contained within your application in order to best assist you in obtaining employment and in determining your eligibility for training and other services. These services may include testing, assessment, placement services, career counseling, and we may share test scores and job eligibility data with our partners to best serve you. Personal information such as race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements and is kept confidential; however, it may be shared with the Partners to determine your eligibility for specific programs.

All WORKFORCE West Virginia employees sign a Confidentiality Agreement.

PLEASE CHECK THE BOXES BELOW, INDICATING HOW YOU WISH TO SHARE YOUR INFORMATION WITH WORKFORCE WEST VIRGINIA AND ITS PARTNERS.

- Work Keys /TABE Test Scores
- Assessments
- Eligibility Information
- Placement Services
- Career Counseling
- Veteran Status
- Job Eligibility

- I agree to the release of the information checked above to:
 - Job Service
 - Other Partner Agencies
 - Workforce Investment Act (WIA)
 - Trade Adjustment Act

I have read and understand this release and I have checked all of the boxes that apply.

 Signature of WIA Participant _____
Date

I DO NOT wish my personal information listed above to be released.

 Signature of WIA Participant _____
Date

 Learning Center Staff _____
Date

"Equal Opportunity Employer/Program"
 "Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"



State of West Virginia
 Joe Manchin III
 Governor

Office of the Governor
 State Capitol
 1900 Kanawha Boulevard, E.
 Charleston, WV 25305

Telephone: (304) 558-2000
 Toll Free: 1-888-438-2731
 FAX: (304) 342-7025
 www.wv.gov.org

EQUAL OPPORTUNITY POLICY STATEMENT

It is the policy of the State of West Virginia to afford equal opportunity in all aspects of employment and training regardless of race, color, religion, national origin, political affiliation, disability, citizenship, sex or age; and to assure compliance with Section 188(a) of the Workforce Investment Act (WIA), as set forth below.

NONDISCRIMINATION

Section 188(a)

- (1) For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101, *et seq.*), on the basis of disability under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, *et seq.*), or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d, *et seq.*), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.
- (2) No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.
- (3) Participants shall not be employed under Title I of the WIA to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship in which the organization operating the facility is part of a program or activity providing services to participants).
- (4) No person may discriminate against an individual who is a participant in a program or activity that receives funds under Title I of the WIA with respect to the terms and conditions affecting, or rights provided to the individual, solely because of the status of the individual as a participant.
- (5) Participants in programs and activities or receiving funds under Title I of the WIA shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the U.S. Attorney General to work in the United States.

If you believe you have been subjected to discrimination, you may file a written complaint within 180 days from the date of the alleged violation with either of the following:

Equal Opportunity Officer
 WORKFORCE West Virginia
 112 California Avenue
 Charleston, West Virginia 25305
 Telephone (304) 558-1600
 TDD (304) 558-1549

Director, Civil Rights Center
 U.S. Department of Labor
 200 Constitution Avenue, NW, Room N-4123
 Washington, DC 20210
 Telephone (202) 693-6502
 TDD (202) 693-6515


 Joe Manchin III
 Governor

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, 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), on
the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States,
or his or her participation in any WIA title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA 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 program or activity.

What to do if you believe you have experienced discrimination:

If you think that you have been subjected to discrimination under WIA Title I-financially assisted program or activity, you may file a complaint with 180 days from the date of the alleged violation with either the recipient,

Alice McVey, Equal Opportunity Officer
WORKFORCE West Virginia
112 California Avenue
Charleston, West Virginia 25305
(304) 558-1600
TDD (304) 558-1549

Annabelle Lockhart, Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210
(202) 693-6502
TTY (202) 693-6515

If you file your complaint with the recipient, you must wait until either the recipient issues a written Notice of Final Action or until 90 days have passed (whichever is sooner), before filing with the CRC (see address above)

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Regional EO Officer Information:

Region 1

Palma Stafford, EO Officer
200 Value City Center, Suite 200
Beckley, WV 25801
Telephone: (304) 253-3611

Region 4

Janelle Dotson, EO Officer
531 Market Street
Parkersburg, WV 26101
Telephone: (304) 422-4993

Region 7

Tammy Judy, EO Officer
P.O. Box 849
Petersburg, WV 26847
Telephone: (304) 257-2448

Region 2

Teresa Dailey, EO Officer
2699 Park Avenue, Suite 210
Huntington, WV 25704
Telephone: (304) 429-5900

Region 5

Kathy Klee, EO Officer
109 Mt. wood Rd, Suite 2
Wheeling, WV 26003
Telephone: (304) 231-1170

Region 3

Charlotte Price, EO Officer
P.O. Box 3726
Charleston, WV 25337
Telephone: (304) 344-5760

Region 6

Amy Hall, EO Officer
107-109 Adams Street, Suite 140
Fairmont, WV 26554
Telephone: (304) 368-9530

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**Region 2 Workforce Investment Board
YOUTH SERVICES ELIGIBILITY ADDENDUM**

CUSTOMER'S CONTACT INFORMATION

Age at Registration: _____ County: _____

EDUCATION INFORMATION

Basic reading and/or numerical skills deficient? Yes No

Initial Reading level _____ Initial math level _____

Are you behind a grade level? Yes No Are you functionally illiterate? Yes No

EDUCATION STATUS- Check One: In School, High School or less In School, post High School

Not attending, High School- drop out Not attending, High School graduate

If not High School graduate, do you have your GED Yes No Date passed GED _____

Highest grade you completed in school _____ Are you in alternative school Yes No

PUBLIC ASSISTANCE INFORMATION

Family Status:

Are you a parent in a 1 parent family? Yes No Are you a parent in a 2 parent family? Yes No

Are you a single parent? Yes No Not a family member? Yes No

Number of family (including yourself) _____ Annual family income: \$ _____

BARRIERS/EXCEPTIONS NOT PREVIOUSLY LISTED

Are you a foster child or aging out of foster care? Yes No Are you a homeless individual? Yes No

Are you a runaway youth? Yes No Are you an offender? Yes No

Are you pregnant or a parenting youth? Yes No Are you a youth who needs additional assistance? Yes No

Do you have a substance abuse problem? Yes No Are you a child of an incarcerated parent? Yes No

Institutionalized? Yes No

I attest the information supplied on this application is true and accurate to the best of my knowledge.

Applicant Signature _____ **Date** ____/____/____

If the applicant is under age 18, the parent or legal guardian's signature authorized the applicant to participate (if the applicant is determined eligible and if funds are available)

Parent/Guardian Signature _____ **Date** ____/____/____

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