

Workforce Innovation & Opportunity Act (WIOA) Request for Training Assistance Packet

Please complete the entire WIOA Request for Training Packet. This Information will be used to help determine initial **eligibility** and **appropriateness** for training. Once completed, an Eligibility Worker will contact you for an appointment to discuss your training request.

Name: _____ LAST 4 SSN# - _____ Date: _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Statements of Understanding

I understand that in order to be eligible for Workforce Innovation and Opportunity Act (WIOA) training assistance, my household income must be less than 250% Federal Poverty Guidelines for the past 6 months, **OR** I must be classified as a Dislocated Worker, **OR** I must be under age 25 with program-specific barrier(s) to employment. _____(initial)

The Workforce Innovation and Opportunity Act (WIOA) offers training assistance to eligible participants who have been determined **appropriate** for services. I understand that completing this packet does not entitle me to WIOA training assistance. _____(initial)

OhioMeansJobs services are available universally to anyone whether unemployed or employed. These services include, but are not limited to: job search, placement assistance, job listing, Labor Market Information, registering on OhioMeansJobs. Completion of this packet is not needed for these services, you may access these services today by asking any OhioMeansJobs Assistant. I understand OhioMeansJobs services are available to help me during my job search. _____(initial)

I understand that I may be asked to participate in Aptitude, Work Performance, and Compatibility Testing to help the agency determine my appropriateness for the training I've requested. _____(initial)

I understand that I may be asked to participate in Job-Shadowing in the career field of my choice prior to the agency determining my appropriateness for the training I've requested. _____(initial)

Payment for training or services must be authorized by agency staff prior to any training or services beginning. I understand that all expenses incurred without prior approval will be my responsibility. _____(initial)

I understand that my circumstances differ from all other WIOA Applicants. My employment plan is unique to me and therefore my assistance may differ from other applicants to include the type of assistance, the amount of assistance, the time frames and the outcome. _____(initial)

I also understand WIOA is not "financial aid", rather WIOA is a program that provides assistance to me, the applicant, in obtaining suitable employment. Some customers utilize WIOA services in addition to their financial aid _____(initial)

I understand that I'll be contacted by a caseworker to discuss the possibility of Training Services. _____(initial)

I understand and agree to all of the above: Printed Name: _____

Signature: _____ Date: _____

TASKS / ASSIGNMENTS

Tasks

Date Completed

1. Complete the enclosed Core Services Checklist _____
2. Attach your resume to this Training Request Packet _____
3. Complete and sign the enclosed Criminal Records Check Authorization _____
4. Using **OhioMeansJobs** and other means, research the occupation you are interested in as well as training providers. _____
5. Attach 3 Estimates for Training from the provider programs you researched. (i.e. Newspaper Ads, Internet Source, OMJ, etc...). _____
6. Create a detailed summary and attach to this packet. _____
 Include your career goal, reasons why you have chosen that goal, what steps you have taken to achieve, what services are needed for you to reach your goal, and reasons why you believe you are appropriate for this training assistance.
7. Explain below why you believe you've been unsuccessful in obtaining employment that would provide you with self-sufficiency? List or attach any recent jobs you have applied for and the results.

VERIFICATION CHECKLIST

You will be contacted by a caseworker to schedule an appointment where you'll meet to discuss your training request. Please bring the following with you to your meeting (if applicable):

Verification Sources	
	Completed Packet
	Last 6 months of household income (i.e. pay stubs, tax documents, etc.)
	Unemployment Award Letter
	Birth Certificate (copy)
	Social Security Card (copy)
	Driver's License or State ID (copy)
	HS and/or College Diploma / GED Certificate (copy)
	DD 214 – Veteran Status (copy)
	Any other degree, certificates, diplomas, licenses i.e.
	Results of any tests taken through OhioMeansJobs (Career Profile Assessment, Work Keys, etc.) or other providers.
	FAFSA Verification (financial aid)
	Any other documentation that you believe would help determine your appropriateness Training.

EMPLOYMENT ASSESSMENT

ISSUE QUESTION	YES	NO	COMMENT
DO YOU HAVE ADEQUATE FOOD, CLOTHING, AND SHELTER?			
DO YOU HAVE ANY MINOR CHILDREN? IF YES, HAVE YOU MADE ARRANGEMENTS FOR CHILD CARE WHILE YOU ATTEND TRAINING?			
DO YOU HAVE ANY BARRIERS THAT WOULD PREVENT YOU FROM ATTENDING TRAINING?			
DO YOU HAVE ANY BARRIERS THAT WOULD PREVENT YOU FROM PERFORMING CERTAIN TYPES OF WORK?			
DO YOU HAVE ANY ALCOHOL OR SUBSTANCE ABUSE ISSUES? IF YES, ARE YOU CURRENTLY IN TREATMENT?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PROVIDE FULL DETAILS (USE SPACE BELOW IF NEEDED)			
ARE THERE ANY PENDING LEGAL MATTERS WHICH WOULD AFFECT YOU GETTING A JOB OR ATTENDING TRAINING?			
DO YOU HAVE A VALID DRIVERS LICENSE?			
DO YOU OWN AN AUTOMOBILE? IF YES, IS YOUR AUTOMOBILE INSURED? IF NO, WHAT METHOD OF TRANSPORTATION DO YOU CURRENTLY USE AND HOW WILL YOU TRANSPORT YOURSELF TO/FROM TRAINING?			
DO YOU HAVE ANY ADDITIONAL CONCERNS OR BARRIERS THAT HAVE NOT BEEN ADDRESSED IN THIS QUESTIONNAIRE?			
PLEASE USE SPACE BELOW (OR ATTACH ADDITIONAL PAGES) TO FURTHER DESCRIBE ANY ABOVE ANSWERS.			

All statements I have provided in completing this WIOA Training Assistance Packet are true to the best of my knowledge. Willful misrepresentation on my part will result in immediate dismissal from the WIOA program and/or repayment for cost of services.

Applicant Signature: _____

Date: _____

OHIOMEANSJOBS - SENECA COUNTY STAFF ONLY

DATE PACKET RECEIVED: _____

TIME: _____

OhioMeansJobs-Seneca County Staff Member: _____