Ohio Department of Job and Family Services

WIOA YOUTH PROGRAM ELIGIBILITY APPLICATION

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| Applicant Name *(First, MI, Last)*      |
| Mailing Address      | City      | State      | Zip Code      |
| Phone Number (###) ### - ####      | Alt Phone Number (###) ### - ####      |
| Additional Contact      | Contact Person’s Phone Name (###) ### - ####      |
| Applicant Email Address      | Driver’s License?[ ]  Yes [ ]  No | Type      |
| **Demographic Information** | **WIOA Eligibility Information** |
| **1. What is your date of birth?**      **2. What is your gender?****[ ]**  Male **[ ]**  Female**3.** **What is your** **ethnicity?**[ ]  Hispanic/Latino [ ]  Not Hispanic/Latino**4.** **What is your race?**  *(check all that apply)***[ ]**  Black/African American **[ ]**  White**[ ]**  Asian **[ ]** Alaskan Native**[ ]**  American Indian **[ ]**  Hawaiian Islander or Other Pacific Islander**[ ]**  Other      **5. What is your native or primary language?**      **6. If you are a male over 18 years old, have you registered Selective Service**[ ]  Yes SSR #:       [ ]  No [ ]  N/A **7. Citizenship:**[ ]  US Citizen [ ]  Documented[ ]  Undocumented [ ]  Refugee[ ]  Other Legal Alien [ ]  Other       | 1. **Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months?** [ ]  Yes [ ]  No

**2. Do you have a disability?** [ ]  Yes [ ]  No[ ]  ADA Major Life Activity Impairment [ ]  ADA and Employment Impediment**3. Are you pregnant?** [ ]  Yes [ ]  No**4. Do you have any minor children?** [ ]  Yes [ ]  No**5. If English is not your native or primary language, do you need help learning to speak/write/use English?** [ ]  Yes [ ]  No**6.** **Are you homeless?** [ ]  Yes [ ]  No**7. Are you a runaway?** [ ]  Yes [ ]  No**8. Are you in foster care or were you previously in foster care?**[ ]  Yes [ ]  No**9. Are you involved or were you involved in the juvenile court or adult justice system?** [ ]  Yes [ ]  No1. **Do you receive or are you eligible to receive free or reduced price lunch?** [ ]  Yes [ ]  No
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| **Educational Information** | **Additional WIOA Intake Information** |
| 1. **What is your education level?**

[ ]  Withdrew from high school, no HS diploma[ ]  Current high/junior high school student[ ]  Completed12th grade, but no HS diploma[ ]  Obtained GED or equivalent**[ ]**  High school graduate**[ ]** Some post high school education, no degree[ ]  College degree -[ ]  Associate [ ]  Bachelor [ ]  Masters/Prof. | 1. **Do you need reliable child care?** [ ]  Yes [ ]  No
2. **Are you a single parent?** [ ]  Yes [ ]  No
3. **Do you have stable housing?** [ ]  Yes [ ]  No
4. **Do you use recreational drugs regularly?** [ ]  Yes [ ]  No
5. **Do you drink alcohol regularly?** [ ]  Yes [ ]  No
6. **Do you have reliable transportation?** [ ]  Yes [ ]  No
7. **Are you caring for an adult relative with a disability?**

[ ]  Yes [ ]  No1. **Do you need reliable dependent care?** [ ]  Yes [ ]  No
 |
| **2. What is your education status?**[ ]  I am not a student[ ]  I am a student at a college or technical school[ ]  I am a student in a GED program[ ]  I am a high school student, at grade level[ ]  I am a high school student, behind grade level[ ]  I am not attending high school |

**WIOA Eligibility Information** - *This section determines eligibility for the WIOA program.*

1. Please answer the following questions. (You must complete this section regardless of your age)

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| --- | --- |
| Do you provide more than 50% of your own support? | [ ]  YES [ ]  NO |
| Are you married or separated but not divorced? | [ ]  YES [ ]  NO |
| Do you have children who receive more than half of their support from you? | [ ]  YES [ ]  NO |
| Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? | [ ]  YES [ ]  NO |
| Do you live in your own residence or in a residence without support from a parent(s) or a guardian(s)?\* | [ ]  YES [ ]  NO |
| Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training? | [ ]  YES [ ]  NO |
| Are you a veteran of the U.S. Armed Forces? | [ ]  YES [ ]  NO |

Did you answer "Yes" to any of the questions above? [ ]  YES [ ]  NO

\*If you answered "Yes", you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility. Additionally, if you are disabled, only your income will be used.

1. Including yourself, who is in your family? What is their relationship to you? What is their income within the past 6 months? *If you are not attending high school or college/technical school, skip this question.*

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| --- | --- | --- |
| **Name** | **Relationship** | **6 Month Income** |
|       | Self |       |
|       |       |       |
|       |       |       |
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1. Disclosure of Relationship - Do you have a business/personal relationship with any individual who is a:
* Local elected official (mayor or county commissioner);
* Workforce Development Board member or subcommittee member;
* WIOA executive, supervisor or employee;
* OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
* CDJFS or other county employee?

[ ]  YES If yes, provide name:       [ ]  NO

**TANF Funding Eligibility** *- This section determines initial and ongoing eligibility for TANF-funded services.*

1. Are you currently receiving cash assistance or SNAP? [ ]  YES [ ]  NO

\*If your answer is "No" you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF funding eligibility in question two. If your answer is “Yes” skip question two.

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size? [ ]  YES [ ]  NO

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| **200% of Federal Poverty Guidelines (2017)** |
| **Household Size** | **Monthly** |
| 1 | $2,010 |
| 2 | $2,707 |
| 3 | $3,404 |
| 4 | $4,100 |
| 5 | $4,797 |
| 6 | $5,494 |
| 7 | $6,190 |
| 8 | $6,887 |
| 9 | $7,584 |
| 10 | $8,280 |

3. Do you have a child under age 18? [ ]  YES [ ]  NO Number of children       Oldest child age

4. Are you one of the following: a minor child; a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child?

[ ]  YES [ ]  NO

5. Have you been given the opportunity to register to vote? [ ]  YES [ ]  NO

6. Are you currently repaying fraudulent public assistance (cash)? [ ]  YES [ ]  NO

**Acknowledgement**

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

**Parent/Guardian Signature**: (Required if applicant is under age 18)

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| --- | --- |
| Parent/Guardian Signature *(If applicant is under age 18)* | Date      |
| Applicant Signature | Date      |

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| **To be completed by eligibility staff person only:****WIOA Funding Eligibility Determination**:Is the individual attending school? [ ]  Yes [ ]  NoIf yes, is the individual low-income or live in a high-poverty area under WIOA? [ ]  Yes [ ]  NoDoes the individual have a documented barrier to employment? [ ]  Yes [ ]  NoIs the individual basic skills deficient? (If yes, may need income data) [ ]  Yes [ ]  NoDoes the individual require additional assistance as defined by your local area policy? [ ]  Yes [ ]  NoIs the individual authorized to work in the United States? [ ]  Yes [ ]  NoIf the individual is a male over age 18, has he registered for Selective Service? [ ]  Yes [ ]  No**TANF Funding Eligibility Determination**:Is the household's monthly income under 200% of the Federal Poverty Guidelines? *Please use the current year’s table if different from above.* [ ]  Yes [ ]  NoDoes the individual have a child under age 18? [ ]  Yes [ ]  NoDoes the individual owe any fraudulent TANF assistance paid to the individual? [ ]  Yes [ ]  NoIs the individual one of the following: a minor child; a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child?[ ]  Yes [ ]  No**WIOA Funding Eligibility Decision:**[ ]  WIOA In-School Youth Program eligible and low income (Note: 25% limit on expenditures)[ ]  5% low-income exception for WIOA In-School Youth Program[ ]  WIOA Out-of-School Youth Program eligible[ ]  Ineligible for WIOA Funding**TANF Funding Eligibility Decision:**[ ]  TANF Funding Eligible[ ]  Ineligible for TANF Funding |
| **Signature of Eligibility Staff** | **Date** |