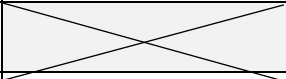


**WIOA Eligibility Application**  
**PLEASE PRINT**

<b>BACKGROUND</b>			
1. Name: Last: First: Middle:			
2. SSN:			
3. Parish:			
4. Address:			
5. City:	6. State:	7. Zip:	
8. Phone Number:	9. Email Address:		
10. Birthdate (MM/DD/YYYY):	11. Age:	12. Gender:	
13. Please indicate race:			
Please check Yes/No for the following questions:		YES	NO
14. Are you married?			
a. If yes, indicate your spouse's name, occupation, and military status (if applicable):			
15. Were you previously deemed eligible under WIA or WIOA?			
16. Are you a U.S. citizen?			
17. Are you a veteran?			
18. Are you an 18 year old male registered with selective service?			
19. Do you have a documented or service related disability?			
20. Are you over the age of 25 and, have been charged with and/or convicted of a felony?			
21. Can you pass a drug test?			

EDUCATION		
Please check Yes/No for the following questions:	YES	NO
<b>22.</b> Have you applied for FAFSA/ Pell Grant and other financial assistance?		
<b>23.</b> Are you currently attending school, training, or educational classes?		
a. If yes, please list:		
<b>24.</b> Did you complete high school or get a GED?		
a. If not, what was the highest grade you completed?		
<b>25.</b> Have you received any education/training after high school?		
a. If yes, please list:		
b. Did you complete program(s)?		

INCOME					
Please check Yes/No for the following questions:				YES	NO
<b>26.</b> Are you a recipient of public assistance funding? If so, indicate below.					
a. TANF					
b. SNAP/Food Stamps					
c. Other ( <i>Please list</i> ):					
<b>27.</b> List all family members living in your house or home. Family - The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife and dependent children. (B) A parent or guardian and dependent children. (C) A husband and wife. Also list the monthly gross income for the last six months for each household member and attach check stubs. If no income, place 0. <b>If answered "yes" to Number 26 above, no check stubs are required.</b>					
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months	
Applicant:					

27a. Continued:				
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months

EMPLOYMENT		
Please check Yes/No for the following questions:	YES	NO
28. Are you currently employed?		
29. If <b>No</b> , were you laid-off from most recent employment?		
30. Are you eligible to receive Unemployment Benefits?		
<b>31. Please list your previous employment. List your most recent job first:</b>		
Employer:	Job Title:	
City and State:	From:	To:
Job Duties:		
Hourly Wage:	Hours per week:	
Reason for leaving:		
Employer:	Job Title:	
City and State:	From:	To:
Job Duties:		
Hourly Wage:	Hours per week:	
Reason For Leaving:		

Employer:	Job Title:	
City and State:	From:	To:
Job Duties:		
Hourly Wage:	Hours per week:	
Reason For Leaving:		

YOUTH		
Please complete the following section if you are between the ages of 14-24.	YES	NO
<b>32.</b> Did you graduate from high school?		
<b>33.</b> Are you in foster care or aged out of foster care?		
<b>34.</b> Are you pregnant or parenting?		
<b>35.</b> Have you ever been charged with and/or convicted of a felony?		
<b>36.</b> Are your parents/guardian currently incarcerated?		
<b>37.</b> Are your parents/guardian currently unemployed?		
<b>38.</b> Have you ever been required to repeat a grade level?		
<b>39.</b> Is English your first language?		
<b>40.</b> Are you a victim of sex trafficking?		
<b>41.</b> Are you currently homeless and/or a runaway?		
<b>42.</b> Have you been a victim of a federally declared natural disaster in the past five years?		

**I certify that the information I have provided is true and accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature for Minor (14-17): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature for Minor (age 14-17): \_\_\_\_\_ Date: \_\_\_\_\_

WIOA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(WIOA Representative Signature affirms that application is complete and all supporting documents are included)**

**Documentation Verification Checklist**

**Recommended documents for eligibility review/application completion and processing**

<b>Social Security Number Verification</b>	<b>Date of Birth and Age Verification</b>
DD 214/Report of Transfer/Veterans	Birth Certificate
Administration Medical Card	DD 214/Report of Transfer/VA Medical Card
Letter from Social Security Administration	Driver's License
SS Card	Federal/State ID
W-2	Hospital Record of Birth
Passport	Passport
Military ID	Public Assistance/Social Service Records
Federal/State ID	School Records/Identification Card/Work Permit
<b>Citizenship/Alien Status Verification</b>	<b>Family Income/Public Assistance</b>
Alien Registration Card Indicating Right to Work	Check Stubs (Recent Six Months)
Birth Certificate	Employer's Statement (Company Letterhead)
DD 214/Report of Transfer(if place of birth is indicated)	Applicant Statement
Foreign Passport Stamped Eligible to Work	Food Stamp Record/Social Service Records
Hospital Record of United States Birth	Child Support
Naturalization Certification	SSI/SSDI
United States Passport	Other(specify)_____
Voter Registration Card	
<b>Proof of Residence/ Address</b>	<b>Selective Service/Draft Status</b>
Public Assistance Record/Social Service Records/School	Selective Service Registration Card
Utility Bill (current)	Selective Service Verification Form
Dated Mail (recent postmark)	Stamped Post Office Registration Receipt
Driver's License (current validation)	Internet On-line access/Verification (Printed verification copy)
Landlord Statement/Lease	DD214
Voter Registration	Selective Service Acknowledgement Letter/Request
Homeless (Primarily Nighttime)	
<b>Disability Verification</b>	<b>Education/Prior Training Verification</b>
Documentation from Vocational Service Agency	School Verification Form
Doctor's Medical Statement/Evaluation Summary	High School Diploma/Credential
Formalized Assessment (Medical/Educational)	GED/HISET Credential/Documented Statement
	College Diploma/Credential
	Other Certifications/Credential