



Application for Youth Workforce Development Programs

Date: ____/____/20____ Program Name: _____

Basic Demographic Information

Full Name: _____ Male Female

Social Security Number: ____-____-____ (please provide verification of social security number)

Date of Birth: ____/____/____ (please provide verification of date of birth) Age: _____

If an 18 or older male: I am registered with Selective Service (all males 18 and older must register with selective service, please refer to www.sss.gov for assistance)

Address: _____ City of Pittsburgh Resident
 _____ Allegheny County (outside of the City of Pittsburgh) Resident

Primary Phone: _____ Secondary Phone: _____

Email: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino
 Race (check all that apply): American Indian or Alaskan Native Asian
 Black or African American Pacific Islander
 White

Highest Level of Education COMPLETED:

- No HS Diploma: Completed ____ Grades
- High School Diploma
- GED or Equivalent
- 1 year of college or technical school
- 2 years of college or technical school
- Associate's Degree
- 3 years of college or technical school
- Bachelor's Degree
- Education beyond Bachelor's
- (If disabled) obtained certification of completion
- Other post-secondary degree

Employment History

Your Job History (last 6 months) Average wage \$____/hour Average hours per week _____

 Dates Employed Job Title Employer

 Dates Employed Job Title Employer

Current Job Status: Not Employed Employed

Income Eligibility:

Income eligibility is based on household size and included household income.*
 List everyone, including yourself, who currently resides in your household. If you are disabled you may count yourself as a household of 1.

Household Member First and Last Name	Relationship	Income for Last 6 Months	Source of Income (Employer wages should be GROSS wages)
	SELF		

Total Number in Household: _____ \$_____ Total Income for Last 6 Months
 (Verification of Income MUST be Included)



If you answer yes to any of the following questions (1-4), please provide documentation to support the category chosen.

Do you receive:

- 1. Temporary Assistance for Needy Family (TANF) Cash Assistance? Yes No
 If yes please provide: Start Date: _____ Category C – Absent or Incapacitated Parent
 Category D – General Assistance
 Case #: _____ Monthly Grant Amount: \$ _____
- 2. SNAP Benefits (Food Stamps)?: Yes No
- 3. Supplemental Security Income through Department of Public Welfare (SSI – Title XVI)? Yes No
 If yes: Category: J – Disabled A – Aged M – Blind
- 4. Free or Reduced Price School Lunch?: Yes No

Barriers to employment

If you answer yes to any of the following questions, please provide supporting documentation. *To be eligible for 3RWIB Youth programs, youth must have at least one documented barrier to employment.*

School Status: Dropout High School Graduate In School, HS or less In School, enrolled in Post-Secondary

_____ (Must provide proof of school status)

Most Recent School Attended

Are you a current foster child?: Yes No Have you aged out of foster care?: Yes No

Are you homeless?: Yes No

Are you Pregnant or Parenting?: Yes No

Are you any of the following?: Criminal Offender Adjudicated Court Involved or at-risk of Court Involvement

Do you have a disability?: Yes Yes, and disability results in substantial impediment to employment No

Do you need additional assistance to complete an educational program or to secure or hold employment?: Yes No

If yes, what assistance do you need?: _____

Are you Basic Skills Deficient (Below 9th grade in Reading and/or Math assessed by a standardized test)?: Yes No

Are you an English Language Learner?: Yes No

Are you the child of an incarcerated parent?: Yes No

Applicant Certification

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, (including wage records and unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I allow the release of this information for verification purposes and understand that it be used to determine eligibility.

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is <18 years old)

Date

Authorized Staff Certification

I have reviewed all of the above information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

Signature of Certifier

Date

Supporting Documentation

Most Common Documents for Proving WIA/WIOA Youth Eligibility

Applicants are required to document certain elements (as noted in the application) for eligibility. Use this checklist to determine what documents qualify for documentation. All of the required documentation, including the Application Packet, should be retained in the participant file. For each category that applies to the applicant be sure to provide one document that supports the category.

Documenting General Information:

Social Security Number: Signed Social Security Card Social Security Benefits Documents Employment Records (showing number)
 DD-214 UC Records (showing number)

Citizenship or Eligible to Work: Birth Certificate Alien Registration Card Public Assistance Records
 Social Security Card (work eligible) with ID Passport Telephone Verification Form Self-Certification

Age/Date of Birth: Birth Certificate Federal, State or Local Government ID Public Assistance Records
 Telephone Verification Form Self-Certification

Selective Service Registration: Internet Verification/Registration

Family Income: Pay Stubs Pension Statement Social Security Benefits UI Documents Statement of Family Size/Family Income

Cash Public Assistance: Public Assistance Records

Food Stamps: Public Assistance Records

Homeless or Runaway: Shelter Letter Individual Providing Shelter Statement Telephone Verification Form Self-Certification

Supported Foster Child: Court Documentation State/Local Agency Statement Telephone Verification Form Self-Certification

Individuals with Disabilities: Agency Letter Stating Disability OVR Letter Medical Records
 Telephone Verification Form Self-Certification

Basic Skills Deficient: Standardized Test (TABE)

Pregnant or Parenting: Birth Certificate Doctor's Note Social Service Agency Statement Telephone Verification Form Self-Certification

Dropout: Dropout Letter School Record Telephone Verification Form Self-Certification

Offender: Court Documents Halfway House Residency Probation Letter Telephone Verification Form Self-Certification

School Status: School Record School Letter Transcript Telephone Verification Form Self-Certification

**Special exception for youth aged 18 at the end of the prior calendar year (December 31, 20xx). Youth may be considered a family of 1 based on their own income if they are not enrolled in school and have a statement of independence completed on the self-certification form. The statement should be written similarly to this "Have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends." This statement should only be used if the situation is similar. This does not apply to foster youth and/or homeless/runaway youth.*