



Date: _____ Program Name: _____

Application for Youth Workforce Development WIOA Programs

All information is required for participation in WIOA programs and should be accompanied by supportive documentation.

Basic Demographic Information			
Last Name:	First Name:	Middle Initial:	Age:
Date of Birth: _____	SSN: ____ - ____ - ____	Phone: _____	
Current address:		<input type="checkbox"/> City of Pittsburgh <input type="checkbox"/> Allegheny County (Outside of the City of Pittsburgh Residents)	
If 18 or older and male: <input type="checkbox"/> I am registered with Selective Service (<i>all males 18 and older must register with selective service, please refer to www.sss.gov for assistance</i>)			
Primary Phone:	Secondary Phone:	Email:	
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact email:	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Do not wish to disclose		
Highest Level of Education COMPLETED			
<input type="checkbox"/> No HS Diploma: Completed ____ Grades <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED or Equivalent <input type="checkbox"/> 1 Year of College or Technical School <input type="checkbox"/> 2 Years of College or Technical School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 3 Years of College or Technical School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Education beyond Bachelor's (if disabled) obtained certification of completion <input type="checkbox"/> Other post-secondary degree			
Employment History (Last 6 Months)			
_____	_____	_____	
<i>Dates Employed</i>	<i>Job Title</i>	<i>Employer</i>	
Hourly Wage \$ _____	Number of hour per week _____		

_____	_____	_____
<i>Dates Employed</i>	<i>Job Title</i>	<i>Employer</i>
Hourly Wage \$ _____	Number of hours per week _____	

Income Eligibility			
**Income eligibility is based on household size and household income. Household income includes wages, cash assistance, food stamps, and SSI. Income must be verified with pay stubs, COMPASS documentation, or other sources. **List everyone, including yourself, who currently resides in your household. If you are disabled, you do not need to list household members or income of household members, but you must list your own income, if any.			
Household Member First and Last Name	Relationship	Income for Last 6 Months	Source of Income <i>(Employment wages should be wages before taxes)</i>
	SELF		

Total Number in Household: _____ \$ _____ Total Income for Last 6 months

If you answer YES to any of the following questions 1-5, 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: _____
 Case #: _____ Monthly Grant Amount: \$ _____
2. SNAP Benefits (Food Stamps)?: ___Yes ___No or ___ have you received SNAP benefits in the past 6 Months?
3. Supplement Security Income (SSI)? ___Yes ___No
 If yes: Category ___ Disabled ___ Aged ___ Blind
4. Free or Reduced Price School Lunch?: ___Yes ___No
5. Do you live in a high poverty area?: ___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.*

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

_____ *Most recent School Attended*

2. Are you a current foster child? Yes No
3. Have you aged out of foster care?: Yes No
4. Are you homeless? Yes No
5. Are you pregnant or parenting? Yes No
6. Are you any of the following? Criminal Offender Adjudicated Court Involved or at-risk of Court Involvement.
7. Do you have a disability? Yes Yes, and disability results in substantial impediment to employment.
No
8. 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? _____
9. Are you Basic Skills Deficient (At or below 8th grade in Reading and/or Math assessed by a standardized test)? Yes No
10. Are you an English as a second language learner (ESL)? 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 and reporting 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

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.

***Note - 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.**

****In-School Youth can only use self-certification as a last resort, Out-of-School youth may use it freely.**

Types	Supporting Documentation
Social Security Number:	<input type="checkbox"/> Signed Social Security Card <input type="checkbox"/> Social Security Benefits Documents <input type="checkbox"/> Employment Records (showing number) <input type="checkbox"/> DD-214 UC Records (showing number) <input type="checkbox"/> IRS Form Letter 1722 <input type="checkbox"/> Letter from Social Service Agency <input type="checkbox"/> Social Security Card/Notice of SSN Assignment <input type="checkbox"/> W-2 Form <input type="checkbox"/> UC Records (Showing Name and Social security Number) <input type="checkbox"/> Pay Stubs (Showing Social Security Number)
Citizenship or Eligible to Work:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Alien Registration Card (Indicating right to work) <input type="checkbox"/> Baptismal Certificate (if place of birth is shown) <input type="checkbox"/> DD-214, Report of Transfer or Discharge <input type="checkbox"/> Food Stamp Record <input type="checkbox"/> Foreign Passport Stamped Eligible to Work <input type="checkbox"/> Hospital Record at Birth <input type="checkbox"/> Hand Gun Permit <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> US Passport <input type="checkbox"/> Social Security Card (Work Eligible) with ID <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Form: 1 Doc From List A or 1 List B and 1 List C <input type="checkbox"/> Self-Certification
Age/Date of Birth:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 Report of Transfer or Discharge <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State, Local Government ID Card <input type="checkbox"/> Hospital Record at Birth <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> School Records/ID Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Self-Certification
Selective Service Registration:	<input type="checkbox"/> Selective Service Advisory Opinion Letter <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> DD-214 Report of Transfer or Discharge <input type="checkbox"/> Stamped Post Office Receipt or Registration <input type="checkbox"/> Internet Verification/Registration <input type="checkbox"/> Selective Service Telephone verification <input type="checkbox"/> Other _____
Family Income (Annualized 6 month Family Income)	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Award Letter from Veteran's Administration <input type="checkbox"/> Bank Statement (Direct Deposit) <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Employer Statement Contact <input type="checkbox"/> Bank/Financial Records

	<input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension Statements <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Documents and/or Printout <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Self-Certification
Homeless or Runaway:	<input type="checkbox"/> Shelter Letter <input type="checkbox"/> Individual Providing Shelter Statement <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Self-Certification
Supported Foster Child:	<input type="checkbox"/> Court Documentation <input type="checkbox"/> State/Local Agency Statement <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Self-Certification
Individuals with Disabilities:	<input type="checkbox"/> Agency Letter Stating Disability <input type="checkbox"/> OVR Letter <input type="checkbox"/> Medical Records <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Self-Certification
Pregnant or Parenting:	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Hospital record at birth <input type="checkbox"/> Medical Records <input type="checkbox"/> Physician's notes <input type="checkbox"/> Referrals from official agencies <input type="checkbox"/> School program for pregnant teens <input type="checkbox"/> School records <input type="checkbox"/> Written statement from Social Services Agency <input type="checkbox"/> Telephone verification <input type="checkbox"/> Self-Certification
Dropout:	<input type="checkbox"/> Dropout Letter <input type="checkbox"/> School Record <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Self-Certification
Free Lunch	<input type="checkbox"/> Approval Letter <input type="checkbox"/> Case Note <input type="checkbox"/> Self-Certification <input type="checkbox"/> School records
Receiving Food Stamps	<input type="checkbox"/> Current authorization to obtain food stamps <input type="checkbox"/> Current food stamp recipient <input type="checkbox"/> Letter from food stamp disbursing agency <input type="checkbox"/> Post marked food stamp mailer with name and address <input type="checkbox"/> Public Assistance records/printout <input type="checkbox"/> Telephone verification <input type="checkbox"/> Self-Certification
Receiving TANF	<input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public Assistance ID card showing cash grant status <input type="checkbox"/> Public Assistance records/printout <input type="checkbox"/> Telephone verification <input type="checkbox"/> Self-Certification
Offender: (Juvenile/Adult Justice System)	<input type="checkbox"/> Court Documents <input type="checkbox"/> Halfway House Residency <input type="checkbox"/> Probation Letter <input type="checkbox"/> Letter of Parole <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification
Basic Skills	<input type="checkbox"/> Assessed by standardized test <input type="checkbox"/> School records

	<input type="checkbox"/> Telephone verification <input type="checkbox"/> Self-Certification
Family Size	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Decree of Court <input type="checkbox"/> Disabled (see individual with a disability) <input type="checkbox"/> Divorce decree <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Records <input type="checkbox"/> Most recent tax return supported by IRS documents <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> Written Statement from 24 hour facility or Institution <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Self-Certification
School Status:	<input type="checkbox"/> School Record School Letter Transcript <input type="checkbox"/> Telephone Verification Form <input type="checkbox"/> Self-Certification <input type="checkbox"/> Other

**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.*