

**Organization Name - Adult Application** Instructions: Fill out, circle or check as indicated

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Primary  Home  Cell  Work  Other \_\_\_\_\_  
Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Primary  Home  Cell  Work  Other \_\_\_\_\_

Email \_\_\_\_\_ Circle Preferred Method of Contact: Phone Email Text Mail

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Veteran Separated in Last 2 Years \_\_\_\_Yes \_\_\_\_ No

Gender (Circle One) Female / Male

Campaign Veteran \_\_\_\_Yes \_\_\_\_ No

Citizen/Right To Work  
\_\_\_\_ Citizen \_\_\_\_ Right to Work \_\_\_\_No

Campaign/Groups  
\_\_\_\_ Gold Card (post 9/11)  
\_\_\_\_ Operation Iraqi Freedom (OIF)  
\_\_\_\_ Vietnam Veteran  
\_\_\_\_ Operation Enduring Freedom (OEF)  
\_\_\_\_ Red Bull

Alien Registration Card ID Number \_\_\_\_\_  
\_\_\_\_ Permanent \_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Selective Service Registration  
\_\_\_\_ N/A \_\_\_\_ Not Registered  
\_\_\_\_ Registered - Selective Service No. \_\_\_\_\_

Highest Level of Education (Check One)  
\_\_\_\_ No Education Grades Completed  
\_\_\_\_ 1<sup>st</sup> - 11<sup>th</sup> Grade - Specify Grade \_\_\_\_\_  
\_\_\_\_ 12<sup>th</sup> Grade completed-No Diploma  
\_\_\_\_ GED  
\_\_\_\_ High School Diploma  
\_\_\_\_ 1 Year College/Technical or Vocational  
\_\_\_\_ 2 Years College/Technical or Vocational  
\_\_\_\_ 3 Years College/Technical or Vocational  
\_\_\_\_ Bachelor's Degree or Equivalent  
\_\_\_\_ Education Beyond Bachelor's Degree  
\_\_\_\_ Attained Certificate of Attendance/Completion  
\_\_\_\_ Attained Associates Diploma or Degree  
\_\_\_\_ Attained Other Post Secondary Degree or Certification

Meets Local Priority of Service \_\_\_\_ Yes \_\_\_\_ No

Justification for Meeting Local Priority of Service:

Ethnicity: Hispanic or Latino  
\_\_\_\_ Did Not Self-Identify  
\_\_\_\_ Person is Hispanic or Latino  
\_\_\_\_ Person is not Hispanic or Latino

Race (Check All That Apply)  
\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ Did Not Self-Identify  
\_\_\_\_ Hawaiian native or Pacific Islander  
\_\_\_\_ White

Education Status at Time of Application (Check One)  
\_\_\_\_ Not Attending; High School Dropout  
\_\_\_\_ Not Attending; High School Graduate/GED  
\_\_\_\_ Not Attending Within Compulsory Age  
\_\_\_\_ Student, Alternative School  
\_\_\_\_ Student Attending Post High School  
\_\_\_\_ Student High School or Less

Immigrant or Refugee \_\_\_\_ Yes \_\_\_\_ No

English Reading Skills Grade Level \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Math Skills Grade Level \_\_\_\_\_

Referred from Wagner-Peyser \_\_\_\_ Yes \_\_\_\_ No

Basic Skills Deficient: \_\_\_\_ Yes \_\_\_\_ No

Limited English Language Proficiency \_\_\_\_ Yes \_\_\_\_ No

Participating in a Registered Apprenticeship Program  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

Primary Language \_\_\_\_\_

Veteran Status (Check One)  
\_\_\_\_ Did Not Self-Identify  
\_\_\_\_ Not a Veteran (if selected, move to Highest Level of Ed)  
\_\_\_\_ Spouse of a Veteran  
\_\_\_\_ Transitioning Service Member  
\_\_\_\_ Veteran  
\_\_\_\_ Veteran <180 Days of Active Service

Family Status (Check One)  
\_\_\_\_ Not A Family Member (you are responsible only for yourself)  
\_\_\_\_ Other Family Member (individual living with family member)  
\_\_\_\_ Parent in a One Parent Family (supporting a child/children)  
\_\_\_\_ Parent in a Two Parent Family (sharing support of child/children)

Actual Military Separation Date: \_\_\_\_\_

Eligible Family Size \_\_\_\_\_ Actual Family Size \_\_\_\_\_

Service Connected Disability (Check One)  
\_\_\_\_ No  
\_\_\_\_ Yes (0% to 20% Disabled)  
\_\_\_\_ Yes, Special Disabled (30%+ Disabled)

Number of Dependents Under Age 18 \_\_\_\_\_

Annual Family Income \_\_\_\_\_

Poverty Guideline Income Limit \_\_\_\_\_

Income Limit \_\_\_\_\_

SSI Recipient \_\_\_\_ Yes \_\_\_\_ No

SSDI Recipient \_\_\_\_ Yes \_\_\_\_ No

TANF/MFIP Recipient \_\_\_\_ Yes \_\_\_\_ No

Exhausting TANF within 2 years \_\_\_\_ Yes \_\_\_\_ No

SNAP Recipient \_\_\_\_ Yes \_\_\_\_ No

General Assistance Recipient \_\_\_\_ Yes \_\_\_\_ No

Refugee Assistance Recipient \_\_\_\_ Yes \_\_\_\_ No

Disability Status (Check One)

- Not disabled
- Yes, and disability is an employment barrier
- Yes, and disability is not an employment barrier
- Did Not Self-Identify

Disability Category (Check one if Disability Status is YES)

- Physical Impairment
- Mental Impairment
- Both Physical and Mental Impairments
- I prefer not to disclose

Employment Work Setting

(Check one if Disability Status is YES)

- Formerly Employed in Supported Employment
- Not Currently Employed
- Working in Competitive, Integrated Employment
- Working in Group Supported Employment
- Working in Sheltered Workshop
- Working In Two or More of the Listed Settings

Benefit and Financial Services

(Check one if Disability Status is YES)

- Has Not Received Benefit or Financial Services
- Has Receipt and Received Benefit Services
- Has Receipt and Received Both Benefit/Financial Services
- Has Receipt and Received Financial Services

Ticket to Work (Check one if Disability Status is YES)

\_\_\_\_ Yes \_\_\_\_ No

Individualized Education Plan (Check One)

- Current 504 Plan
- Current IEP
- Previous 504 Plan
- Previous IEP
- Does Not Have an IEP or 504 Plan

Homeless \_\_\_\_ Yes \_\_\_\_ No

Offender Status \_\_\_\_ Yes \_\_\_\_ No

WDA Barrier to Employment \_\_\_\_ Yes \_\_\_\_ No

Migrant Status (Check One)

- No
- Adult Dependent of a Migrant or Seasonal Farmworker
- Adult Migrant Farmworker
- Adult Seasonal Farmworker
- Youth Dependent of a Migrant or Seasonal Farmworker
- Youth Migrant or Seasonal Farmworker

Unemployment Insurance Benefit Status (Check One)

- Exempt from Work Search
- Exhaustee
- Neither Claimant nor Exhaustee
- Claimant Not Referred by RESEA or WPRS
- Claimant Referred by RESEA
- Claimant Referred by WPRS

Labor Force Status (Check One)

- Employed Full Time
- Employed Part Time
- Employed, Received Term Notice/Military Separation
- Not Employed, Was Not Self-Employed
- Not Employed, Was Self-Employed – Farm
- Not Employed, Was Self-Employed; Non-Farm
- Not in Labor Force

Number of Weeks Unemployed Out of the Last 52 \_\_\_\_\_

Unemployed for the Last 27 Consecutive Weeks

\_\_\_\_ Yes \_\_\_\_ No

Received Workforce Information Services

\_\_\_\_ Yes \_\_\_\_ No

Workforce Profiling Reemployment Service (WPRS) Referral

\_\_\_\_ Yes \_\_\_\_ No

Hourly Wage at Last Job \_\_\_\_\_

Last Job Title (ONET) \_\_\_\_\_

Actual Separation Date: \_\_\_\_\_

Person has Given Consent to Obtain Wage Detail

\_\_\_\_ Yes \_\_\_\_ No

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Enrollment \_\_\_\_\_

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please keep in mind disability disclosure is voluntary. This information will be kept confidential as provided by law. Refusal to provide disability information will not subject the applicant, employee or customer to any adverse treatment except that where disability status is a requirement for participation in a program or activity, the applicant or customer may be found to be ineligible if s/he does not disclose his/her status. This information will only be used in accordance with the law.

<b>Income Worksheet</b> (Income Received in the Last Six Months)	Self (A)	Other Household Members (B)	Other Household Members (C)	<b>Alternate Contact Information</b>
Gross Wages				List someone who does NOT live with you, who you contact regularly
Net Self Employment				Last Name
Alimony				First Name
Social Security Pension				Address
S. Security Survivors Benefits				City State
SSI				Zip Code
SSDI				
Pensions				Phone Number ( )
Work Study				
Unemployment Compensation				
Military/Active Reserve				
Child Support				<b>Alias Information</b>
Other Household Income Describe:				Alias Last Name
Total income				Alias First Name
Grand Total Household Income (Total income - columns A + B + C)				Additional Alias

<b>Household Information</b> List all members of household and relationship to you			
Name	Relationship to You	Birthdate	Living in Home
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

<b>Employment Information</b>					
Dates Employed	Employer Name & Address	Job Title	Wages	Hours Per Week	Reason for Leaving

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may be required 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 perjury. I allow release of this information in accordance with the "use of data" statement.

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

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18) Date