

**Youth Application** Instructions: Fill out, circle or check as indicated.



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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

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

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

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

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

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

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

Gender (Circle One) Female / Male

Citizen/Right To Work  
\_\_\_\_ Citizen \_\_\_\_ Right to Work \_\_\_\_ No

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

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

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

Living in a High Poverty Area \_\_\_\_ Yes \_\_\_\_ No

Family Status  
\_\_\_\_ 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)

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

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

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

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

70% LLSIL Income Limit \_\_\_\_\_

Economically Disadvantaged \_\_\_\_ Yes \_\_\_\_ 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

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

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

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

Potential School Dropout \_\_\_\_ Yes \_\_\_\_ No

Low Educational Attainment \_\_\_\_ Yes \_\_\_\_ No

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

Basic Skills Deficient (locally defined) \_\_\_\_ Yes \_\_\_\_ No

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

Has Not Attended School For Most Recent Completed Qtr  
\_\_\_\_ Yes \_\_\_\_ No

Disability Status (Check One)  
\_\_\_\_ Not disabled \_\_\_\_ Did Not Self-Identify  
\_\_\_\_ Yes, and disability is an employment barrier  
\_\_\_\_ Yes, and disability is not an employment barrier

Disability Category (Check one if Disability Status is YES)  
\_\_\_\_ Physical Impairment  
\_\_\_\_ Mental Impairment  
\_\_\_\_ Both Physical and Mental Impairments  
\_\_\_\_ I prefer not to disclose

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.

**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

**Limited English Language Proficiency**  Yes  No

**Homeless**  Yes  No

**Foster Child**  Yes  No

**School Lunch Eligible**  Yes  No

**5% Window Participant (In School Youth Only)**

- Yes  No

**Parenting/Pregnant Youth**  Yes  No

**Runaway Youth**  Yes  No

**Out of Home Placement**  Yes  No

**Recovering Chemically Dependent**  Yes  No

**Child of a Chemically Dependent Parent**  Yes  No

**Child of a Dislocated Worker**  Yes  No

**Offender Status**  Yes  No

**WDA Barrier to Employment**  Yes  No

**Participant in Diversion Program**  Yes  No

**Requires Additional Assistance**  Yes  No

**Individualized Education Plan:**

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

**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

**Veteran Status** (Check One)

**If NOT a Veteran is checked, move on to the next section.**

- Did Not Self-Identify
- Not a Veteran (if selected, move to Pre-ETS Partic.)
- Spouse of a Veteran
- Transitioning Service Member
- Veteran
- Veteran <180 Days of Active Service

**Service Connected Disability**

- No
- Yes (0% to 20% Disabled)
- Yes, Special Disabled (30%+ Disabled)

**Veteran Separated in Last 2 Years**  Yes  No

**Campaign Veteran**  Yes  No

**Campaign/Groups**

- Gold Card (post 9/11)
- Operation Iraqi Freedom (OIF)
- Vietnam Veteran
- Operation Enduring Freedom (OEF)
- Red Bull

**Pre-ETS Participant**  Yes  No

**Pell Grant Status** (Check One)

- Approved
- Denied
- Pending
- Not Applicable

**Referred from Wagner-Peyser**  Yes  No

**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

**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

**Received Workforce Information Services**

- Yes  No

**Workforce Profiling Reemployment Service (WPRS) Referral**

- Yes  No

**Lack of Significant Work History**  Yes  No

**Unemployed for the Last 27 Consecutive Weeks**

- Yes  No

**Previous Employer** \_\_\_\_\_

**Hourly Wage of Last Job** \_\_\_\_\_

**Previous Job Title (ONET)** \_\_\_\_\_

**Person has Given Consent to Obtain Wage Detail**

- Yes  No

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

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

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

<b>Income Worksheet</b> (Income Received in the Last Six Months)	<b>Self (A)</b>	<b>Other Household Members (B)</b>	<b>Other Household Members (C)</b>
Gross Wages			
Net Self Employment			
Alimony			
Social Security Pension			
S. Security Survivors Benefits			
SSI			
SSDI			
Pensions			
Work Study			
Unemployment Compensation			
Military/Active Reserve			
Child Support			
Other Household Income Describe:			
Total income			
Grand Total Household Income (Total income - columns A + B + C)			

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