

Individual's Name: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_

# CONSTRUCTIONWORKS POWERED BY THE ILLINOIS TOLLWAY

## Eligibility Application

Local Area/Region:

7 – Chicago Cook Workforce Partnership

Office Location of Responsibility:

Office Location:

Application Date:

### Start

### Application/Registration Information

Application Closed Never Enrolled: ☐ Close application, never enrolled

### Contact

### Contact Information

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

SSN: \_\_\_\_\_ ☐ Verified

### Current Address

Residential Address: *Note – the address entered here will become the eligibility address which is captured on the application*☐ Verified

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County/Parish: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone Number:

\_\_\_\_\_ Ext. \_\_\_\_\_

Primary Phone Type (Select 1):

☐ Cell/Mobile Phone☐ Relatives Phone☐ Work Phone☐ Not identified☐ Home☐ Other

Alternate Phone Number:

\_\_\_\_\_ Ext. \_\_\_\_\_

Alternate Phone Type (Select 1):

☐ Cell/Mobile Phone☐ Relatives Phone☐ Work Phone☐ Not identified☐ Home☐ Other

Fax Phone:

Email:

Mailing Address: Check here if Mailing address is the same as residential address

Individual's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip Code: \_\_\_\_\_

Mailing Country: \_\_\_\_\_

### Alternate Contact Information

Contact Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date contact is no longer valid: \_\_\_\_\_

### Demographic Information

Date of Birth: ☐ *Verified*

\_\_\_\_\_

Age at Earliest Eligibility:

\_\_\_\_\_

Gender:

☐ Male

☐ Female

☐ Did not Self-Identify

Registered for the Selective Service: ☐ *Verified*

☐ Yes

☐ No

☐ Documented exemption from registration

☐ Not Applicable

Selective Service Registration #: \_\_\_\_\_

Selective Service Registration Date: \_\_\_\_\_

Authorized to work in U.S.: ☐ *Verified*

☐ Citizen of U.S. or U.S. Territory

☐ U.S. Permanent Resident

☐ Alien/Refugee Lawfully Admitted to U.S.

Alien/Visa Registration #: \_\_\_\_\_

Alien/Visa Expiration Date: \_\_\_\_\_

Considered to be of Hispanic Heritage:

☐ Yes

☐ No

Race – Ethnicity:

☐ African American/Black

☐ American Indian/Alaskan Native

☐ Asian

☐ Hawaiian/Other Pacific Islander

☐ White

☐ I do not wish to answer.

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Considered to have a disability: <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not self-identify  <i>Verification of Disability is not required for an Adult Basic Career Services Application</i>		Category of Disability: <input type="checkbox"/> No disability <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual disability <input type="checkbox"/> Participant did not disclose type of disability	
<b>If Disability = Yes, complete the below questions. If No, proceed to next section.</b>			
Received services from a State Development Disabilities Agency (SDDA): <input type="checkbox"/> SDDA <input type="checkbox"/> No <input type="checkbox"/> Unknown		Received services from a State or Local mental health agency (LSMHA): <input type="checkbox"/> LSMHA <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) Waiver: <input type="checkbox"/> HCBS Waiver <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Disability Work Setting: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Competitive Integrated Employment  <input type="checkbox"/> Individual Supported Employment  <input type="checkbox"/> Group Supported Employment         </div> <div> <input type="checkbox"/> Sheltered workshop  <input type="checkbox"/> Combination of two or more settings  <input type="checkbox"/> Not Employed  <input type="checkbox"/> Unknown         </div> </div>			
Type of customized Employment Services Received: <input type="checkbox"/> Discovery assessment services <input type="checkbox"/> Developed a customized employment search plan <input type="checkbox"/> Employer negotiation services <input type="checkbox"/> Secured employment as a result of receiving customized employment services and received extended support services <input type="checkbox"/> No CES services <input type="checkbox"/> Unknown		Received Disability Financial Capability: <input type="checkbox"/> Benefit planning services <input type="checkbox"/> Financial capability/asset development services <input type="checkbox"/> Benefit planning services and financial capability/asset development services <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Section 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Received Services from Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Veteran</b>			
<b>Transitioning Service Member</b>			

Individual's Name: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_

Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge	Estimated Discharged Date:
<b>Veteran Information</b>		
Eligible Veteran Status: <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No  <i>Verification of Eligible Veteran Status is not required for an Adult Basic Career Services Application</i>		Served more than 1 tour of duty: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the below questions. Second Entry Date: _____ Second Discharge Date: _____ Third Entry Date: _____ Third Discharge Date: _____
Military Service Entry Date: _____ Military Service Discharge Date: _____		
Disabled Veteran: <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled (greater than 30%) <input type="checkbox"/> No	Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Services from Veterans Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Employment</b>		
<b>Employment Information</b>		
Employment Status: <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed  <i>Verification of Employment Status is not required for an Adult Basic Career Services Application</i>		
If employed, individual is under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  <i>Not required for the Adult Basic Career Services Application</i>	Unemployment Eligibility Status: <input type="checkbox"/> <i>Verified</i> <input type="checkbox"/> Neither Claimant nor Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee  <i>Verification of UC Status is not required for an Adult Basic Career Services Application</i>	

Individual's Name: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

<p>In a Registered Apprenticeship Program:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Did not disclose</p>	<p>UI Referred By Status:</p> <p><input type="checkbox"/> WPRS</p> <p><input type="checkbox"/> REA</p> <p><input type="checkbox"/> RESEA</p> <p><input type="checkbox"/> Not Applicable</p>	<p>Claimant has been exempted from work search:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Date Claimant was exempted from work search:</p>
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<b>Education</b>	
<b>Youth Eligibility Education Information – <i>This section is only required for youth applicants.</i></b>	
Most Recent Date Attended Secondary School:  _____	Did not Attend ( <b>Compulsory age</b> ) <input type="checkbox"/> <i>Verified</i>  <input type="checkbox"/> Attendance Records <input type="checkbox"/> Written Verification from Educational Institution
Within compulsory school age and did not attend the most recent complete school year calendar quarter ( <b><i>use most recent date attended secondary school</i></b> ):  <input type="checkbox"/> Yes <input type="checkbox"/> No	Has secondary school diploma/equivalent at Youth Program eligibility?  <input type="checkbox"/> Yes <input type="checkbox"/> No
School Status at Youth Program eligibility: <input type="checkbox"/> <i>Verified</i>  <input type="checkbox"/> In School; Secondary School or less <input type="checkbox"/> In School; Alternative School <input type="checkbox"/> In School; Post-Secondary School <input type="checkbox"/> Not attending school or Secondary School Dropout <input type="checkbox"/> Not attending school; Secondary School Graduate or has a recognized equivalent <input type="checkbox"/> Not attending school; within age of compulsory school attendance	
<b>ConWorks Education Information</b>	
Highest School Grade Completed:  <input type="checkbox"/> No School Grade Completed <input type="checkbox"/> 1 <sup>st</sup> Grade Completed <input type="checkbox"/> 2 <sup>nd</sup> Grade Completed <input type="checkbox"/> 3 <sup>rd</sup> Grade Completed <input type="checkbox"/> 4 <sup>th</sup> Grade Completed <input type="checkbox"/> 5 <sup>th</sup> Grade Completed <input type="checkbox"/> 6 <sup>th</sup> Grade Completed <input type="checkbox"/> 7 <sup>th</sup> Grade Completed <input type="checkbox"/> 8 <sup>th</sup> Grade Completed <input type="checkbox"/> 9 <sup>th</sup> Grade Completed <input type="checkbox"/> 10 <sup>th</sup> Grade Completed <input type="checkbox"/> 11 <sup>th</sup> Grade Completed <input type="checkbox"/> 12 <sup>th</sup> Grade Completed	Highest Education Level completed:  <input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> For disabled, cert. of attendance/completion-successful completion of Individual Education Plan <input type="checkbox"/> Completed one or more years of post-secondary education <input type="checkbox"/> Attained a post-secondary technical or vocational certificate (non-degree) <input type="checkbox"/> Attained an Associate's degree <input type="checkbox"/> Attained a Bachelor's degree <input type="checkbox"/> Attained a degree beyond a Bachelor's degree <input type="checkbox"/> No educational level completed
High School Diploma or equivalent received:  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Grade and Educational Level: <input type="checkbox"/> <i>Verified</i>  <input type="checkbox"/> Dropout: Dropout Letter <input type="checkbox"/> Dropout: Attendance Records <input type="checkbox"/> Dropout: CONWORKS Application (signed & dated) <input type="checkbox"/> Copy of Secondary School Diploma or Recognized Equivalent <input type="checkbox"/> Letter from Educational Inst. Verifying Graduation & Date <input type="checkbox"/> HS Graduate or Equivalent: CONWORKS Application(signed & dated) <input type="checkbox"/> Attending Secondary School: CONWORKS Application(signed & dated)	School Status: <input type="checkbox"/> <i>Verified</i>  <input type="checkbox"/> In School; Secondary School or less <input type="checkbox"/> In School; Alternative School <input type="checkbox"/> In School; Post-Secondary School <input type="checkbox"/> Not attending school or Secondary School Dropout <input type="checkbox"/> Not attending school; or Secondary School Graduate or has a recognized equivalent <input type="checkbox"/> Not attending school; within age of compulsory school attendance

Individual's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Education Partner Services				
Receiving services from Job Corps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify				
Receiving services from Youth Build: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify Youth Build Grant Number (If unknown, enter all 9s): _____ (Format: AA-99999-99-99-A-99)		Receiving services from Vocational Education (Carl Perkins): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify		
Public Assistance <i>The following prompts are not required for Adult Basic Career Services Application</i>				
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>				
Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
Supplemental Security Income (SSI): <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
General Assistance (GA): <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
Supplemental Nutrition Assistance Program (SNAP): <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
Refugee Cash Assistance (RCA): <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable/Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
<i>Individual receives, or in the last 6 months, received:</i>				
Social Security Disability Insurance Income (SSDI):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Verified	
<i>Individual currently meets the following:</i>				
Foster Child (State or local payments are made for applicant):	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Information Not Provided	<input type="checkbox"/> Verified
Youth currently living in a high-poverty area:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Information Not Provided	<input type="checkbox"/> Verified
Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Information Not Provided	<input type="checkbox"/> Verified
Receiving services under SNAP Employment & Training Program:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Receiving, or has been notified will receive, Pell Grant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Ticket to Work Holder issued by the Social Security Administration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Barriers
Individual Barriers

Individual's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

English language learner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Basic Skills Deficient/Low Levels of Literacy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Homeless:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Runaway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Youth in, or aged out of, Foster Care:	<input type="checkbox"/> Yes, Currently in	<input type="checkbox"/> Yes, Aged Out	<input type="checkbox"/> No <input type="checkbox"/> <i>Verified</i>
Ex-Offender – individual has been arrested/convicted of a crime:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not disclose <input type="checkbox"/> <i>Verified</i>
Incarcerated at Program Entry: Date Released from Incarceration: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Pregnant/Parenting youth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Youth Requires Additional Assistance to complete an educational program or to secure/hold employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Out-of-Home Placement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Eligible under Section 477 of the Social Security Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
<b>Barriers to Employment</b>			
Displaced Homemaker ( <i>Displaced Homemaker Verification required for Dislocated Worker Only</i> ):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Within 2 years of exhausting TANF lifetime eligibility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Verified</i>
Hawaiian Native:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Single Parent (including single pregnant women):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Participant did not self-identify</i>
Cultural Barriers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> <i>Participant did not self-identify</i>
Eligible Migrant Season Farmworker as defined in CONWORKS Sec167(i):	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Meets Governor's special barriers to employment:	<input type="checkbox"/> Yes		<input type="checkbox"/> No



Individual's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

**CONWORKS  
APPLICATION  
CAREER CONNECT**

**Signature**

**NOTICE OF CERTIFICATION:** I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the ConstructionWorks Powered by the Illinois Tollway post-termination follow-up program. I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from the ConstructionWorks Powered by the Illinois Tollway program. I further certify that I have been informed of my rights to file a complaint.

I further certify that I am aware of the Equal Opportunity is Law notice and that I have been informed of my legal right to file a complaint.

Applicant Signature	Date	Parent/Guardian Signature	Date
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Staff Signature	Date
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Individual's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_



PROGRAM ELIGIBILITY			
18 years of age or older	Yes	No	(Attach copy of drivers' license, state id, or birth certificate)
Authorized to work in the U.S.	Yes	No	(Attach copy of birth certificate, social security card, or USCIS employment authorization documentation)
ONE OR MORE OF THE FOLLOWING			
Unemployed	Yes	No	(Attach copy of UI system verification or self attestation)
Underemployed	Yes	No	Wage/hour:
Previously started but did not successfully complete apprenticeship or other trade training program	Yes	No	
Entry-level/lower-level construction worker seeking further training	Yes	No	
Current trade journey worker NOT in good standing	Yes	No	
ADDITIONAL TARGETED CHARACTERISTICS			
Near or below Federal poverty*	Yes	No	Underemployed construction worker Yes No
Displaced worker	Yes	No	Limited English proficiency Yes No
Low-skills	Yes	No	Disabled Yes No
High School drop-out	Yes	No	Ex-offender Yes No
Military veteran	Yes	No	Previously exposed to industry Yes No
Resident of one of the following counties: Boone, Cook, DeKalb, DuPage, Kane, Lake, Lee, McHenry, Ogle, Whiteside, Will, Winnebago			Yes No

\*Near or below poverty defined as up to 200% of Federal Poverty Guidelines.

**Participant Certification:** I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from program.

Participant Signature

Date

**Staff Certification:** My signature below indicates I have verified the required eligibility requirements for this participant

Case Manager Signature

Date

## PARTICIPANT ELIGIBILITY REQUIREMENTS

- 18 years of age or older, and (documentation: copy of drivers' license, or birth certificate, or state id)
- Eligible to work in the United States, and (documentation: copy of birth certificate, or social security card, or USCIS employment authorization document, permanent resident card)
- One or more of the following:
  - Unemployed (documentation: UI system verification or self-attestation if not collecting unemployment insurance benefits.)  
OR
  - Underemployed (documentation: wage disclosure/self attestation)  
OR
  - Have not successfully completed trade apprenticeship or trade training program in the past (documentation: self attestation)  
OR
  - Entry-level workers/lower level workers in the industry seeking further training along a career pathway (documentation: self attestation)  
OR
  - Current trade journey worker NOT in good standing (documentation: self attestation, documents from union)

### Targeted populations (documentation: checklist with self attestation)

- Individuals near or below poverty\*
- Displaced workers
- Low-skilled individuals
- High school drop-outs
- Military veterans
- Underemployed construction industry workers
- Individuals with limited English proficiency
- Individuals with disabilities
- Ex-Offenders
- Individuals who have been exposed to the construction and/or transportation industries through pre-apprenticeship or other pre-construction training
- Resident of one of following counties: Boone, Cook, DeKalb, DuPage, Kane, Lake, Lee, McHenry, Ogle, Whiteside, Will, Winnebago

*\*Near or below poverty defined as up to 200% of Federal Poverty Guidelines.  
(See <https://aspe.hhs.gov/poverty-guidelines> for current guidelines.)*