

Individual's Name: _____

Last 4: _____

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Eligibility Application – All Customer Groups

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

*At least one eligibility date is required.

Adult Eligibility Date:

Dislocated Worker Eligibility Date:

Youth Eligibility Date:

Contact

Contact Information

*First Name: _____ Middle: _____ *Last Name: _____

*Last 4 of SSN: _____ ☐ Verified with: _____

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: United States

*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

Email: _____

Individual's Name: _____

Last 4: _____

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

*Mailing Address 1: _____

*Mailing Address 2: _____

*Mailing City: _____ *Mailing State: _____ *Mailing Zip Code: _____

Mailing Country: United States**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Relationship: _____ Date contact is no longer valid: _____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 with: _____
_____Age at Earliest Eligibility
(subtract date of birth
from eligibility date):

*Gender:

- ☐ Male
☐ Female
☐ Did not Self-Identify

*Registered for the Selective Service:

Verified with: _____

- ☐ Yes
☐ No
☐ Documented exemption from registration
☐ Not Applicable

Selective Service Registration #: _____

Selective Service Registration Date: _____

*Authorized to work in U.S.:

Verified with: _____

- ☐ 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 (Select all that apply):

- ☐ African American/Black
☐ American Indian/Alaskan Native
☐ Asian
☐ Hawaiian/Other Pacific Islander
☐ White
☐ I do not wish to answer.

Individual's Name:

Last 4:

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

Individual's Name: _____

Last 4: _____

Veteran		
Transitioning Service Member		
*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:
Veteran Information		
*Eligible Veteran Status: <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No If yes, Verified with: _____		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

Individual's Name: _____

Last 4: _____

Employment		
Employment Information		
<p>*Employment Status:</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Employed, but received notice of termination of employment or military separation</p> <p><input type="checkbox"/> Not Employed</p> <p>Verified with: _____</p>		
<p>If employed, individual is under-employed:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p>	<p>*Unemployment Eligibility Status:</p> <p><input type="checkbox"/> Neither Claimant nor Exhaustee</p> <p><input type="checkbox"/> Claimant</p> <p><input type="checkbox"/> Exhaustee</p> <p>Verification required for dislocated worker; Verified with: _____</p>	
<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>
<p>*Long Term Unemployment (27 or more consecutive weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>*Current or Most Recent Hourly Rate of Pay:</p> <p>\$ _____</p>	<p>*Occupation of Most Recent Employment Prior to WIA/WIOA participation: (if available)</p> <p>ONET title: _____</p>	

Individual's Name: _____

Last 4: _____

Dislocated Worker *The following prompts are only required for Dislocated Worker Eligibility****Employment Status at Dislocated Worker Eligibility:**

- ☐ Employed
- ☐ Employed, but received notice of termination of employment or military separation
- ☐ Not Employed

If employed, under-Employed at Dislocated Worker Eligibility:

- ☐ Yes
- ☐ No
- ☐ Not Applicable

***Dislocated Worker Category:**

- ☐ Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.
- ☐ Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (base on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.
- ☐ Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the Permanent closure of or substantial layoff at a plant, facility or enterprise.
- ☐ Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.
- ☐ Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.
- ☐ Category 6: Displaced Homemaker: An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- ☐ Category 7: The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.
- ☐ Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- ☐ **FOR DRE ONLY:** Category 12: Dislocated Worker Grant (DWG) - Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.

None of the above. Individual does not meet the definition of Dislocated Worker.

Verified with: _____

Individual's Name: _____

Last 4: _____

Required for Dislocated Worker Category 12 only:

Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment: ☐ Yes ☐ No

Is unemployed as a result of an emergency or major disaster in the community lived in, or worked in: ☐ Yes ☐ No

Is considered long term unemployed, as defined by the state in the NDWG grant: ☐ Yes ☐ No

Self-employed individual who became unemployed or significantly underemployed as a result of the emergency or disaster: ☐ Yes ☐ No

*Projected Layoff Date *(if laid off, leave blank)*:

*Actual Layoff Date *(if date is in the future, leave blank)*:

*Attended Group Orientation
(Rapid Response):

- ☐ Yes
☐ No

Most Recent Date Attended Rapid
Response Service:

Rapid Response Event Number:

*Dislocation Employer:

*Employer Address 1:

Employer Address 2:

*Employer City: _____ *Employer State: _____

*Employer Zip Code: _____

*Dislocation Hourly Wage: \$ _____

*Layoff Industry

NAICS Code: _____ Title: _____

*Layoff Occupation Code

O*Net Code: _____ Title: _____

Individual's Name: _____

Last 4: _____

Education**Youth Eligibility Education Information – This section is only required for youth applicants.**

*Most Recent Date Attended Secondary School:

*Within compulsory school age and did not attend the most recent complete school year calendar quarter (*use most recent date attended secondary school*):☐ Yes☐ No

Verified with: _____

*Has secondary school diploma/equivalent at Youth Program eligibility?

☐ Yes☐ No

Verified with: _____

*School Status at Youth Program eligibility:

☐ In School; Secondary School or less☐ In School; Alternative School☐ In School; Post-Secondary School☐ Not attending school or Secondary School Dropout☐ Not attending school; Secondary School Graduate or has a recognized equivalent☐ Not attending school; within age of compulsory school attendance

*WIOA Attending any school

☐ Yes☐ No

Verified with: _____

WIOA Education Information (*All customer groups*)

*Highest School Grade Completed:

☐ No School Grade Completed☐ 1st Grade Completed☐ 2nd Grade Completed☐ 3rd Grade Completed☐ 4th Grade Completed☐ 5th Grade Completed☐ 6th Grade Completed☐ 7th Grade Completed☐ 8th Grade Completed☐ 9th Grade Completed☐ 10th Grade Completed☐ 11th Grade Completed☐ 12th Grade Completed

Verified with: _____

High School Diploma or equivalent received:

☐ Yes☐ No

Verified with: _____

Highest Education Level completed: ☐ Verified☐ Attained secondary school diploma☐ Attained a secondary school equivalency☐ For disabled, cert. of attendance/completion-successful completion of Individual Education Plan☐ Completed one or more years of post-secondary education☐ Attained a post-secondary technical or vocational certificate (non-degree)☐ Attained an Associate's degree☐ Attained a Bachelor's degree☐ Attained a degree beyond a Bachelor's degree☐ No educational level completed

Verified with: _____

Individual's Name:

Last 4:

Education Partner Services <i>(Required for Participants with a Disability only)</i>			
Receiving services from Adult Education (WIOA Title II): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	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): _____ <i>(Format: AA-99999-99-99-A-99)</i>	Receiving services from Vocational Education (Carl Perkins): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify		
Individualized Education Program Participant: <input type="checkbox"/> Current IEP <input type="checkbox"/> Previous IEP <input type="checkbox"/> Not Applicable			
Public Assistance			
<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	Verified with: _____
*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	Verified with: _____
*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	Verified with: _____
*Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*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	Verified with: _____
<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	Verified with: _____
<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	Verified with: _____
*Youth currently living in a high-poverty area:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Information Not Provided	Verified with: _____
*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	Verified with: _____
*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

Individual's Name: _____

Last 4: _____

Barriers			
Individual Barriers			
*English language learner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
<i>If English language learner is yes:</i> Primary Language (Please Specify): _____			
*Basic Skills Deficient/Low Levels of Literacy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Homeless:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Runaway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Youth in, or aged out of, Foster Care:	<input type="checkbox"/> Yes, Currently in	<input type="checkbox"/> Yes, Aged Out	<input type="checkbox"/> No Verified with: _____
*Ex-Offender – individual has been arrested/convicted of a crime:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not disclose Verified with: _____
Incarcerated at Program Entry: Date Released from Incarceration: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
* <i>Youth only:</i> Pregnant/Parenting youth:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
* <i>Youth Only:</i> Youth Requires Additional Assistance to complete an educational program or to secure/hold employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Out-of-Home Placement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Eligible under Section 477 of the Social Security Act:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____

Individual's Name:

Last 4:

Barriers to Employment:			
Displaced Homemaker (<i>Displaced Homemaker Verification required for Dislocated Worker Only</i>):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
*Within 2 years of exhausting TANF lifetime eligibility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified with: _____
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"/> Participant did not self-identify
*Cultural Barriers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Participant did not self-identify
*Eligible Migrant Season Farmworker as defined in WIOA Sec 167(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:

Last 4:

Family Income *(Required if not receiving public assistance)***Family Income Worksheet**

Income Worksheet	1	2	3	4	5	6	Total
Wages:							
Self-Employed Wages:							
Pension:							
Insurance Annuity:							
Alimony:							
UI Benefits:							
Other:							

6 Month Income: _____

X2

12 Month Income: _____

Family Income *(Required if not receiving public assistance)***Family Income**Due to individual's disability,
they qualify as a Family of 1:☐ Yes☐ No

Family Size: _____

Verified with:

Annualized Family income (from
worksheet):

\$ _____

Verified with:

Determined low-income based on income? (Income Table: <https://workforceboard.zendesk.com/hc/en-us/articles/360042764312>)☐ Yes ☐ No

Individual's Name: _____

Last 4: _____

Miscellaneous**Barriers***Required if "Offender" is Yes on the Barriers page.*

Offender Felon:

☐ Yes☐ No

Offender Misdemeanor:

☐ Yes☐ No**Employment** *Required for Dislocated Worker eligibility only:*Completed one month of work search: ☐ Yes ☐ NoLow-Growth Occupation (based on ONET of dislocation job; check the "Low-growth Occupation Table" available at: <https://workforceboard.zendesk.com/hc/en-us/articles/360032292511>).☐ Yes ☐ NoDeclining Industry (based on 4, 5 or 6-digit NAICS code of dislocation job; check the "Declining Industry Table" available at: <https://workforceboard.zendesk.com/hc/en-us/articles/360032292511>)☐ Yes ☐ No*Required for Dislocated Worker Category 12 Only:*Passed Physical: ☐ Yes ☐ No ☐ Not applicableReceived Tetanus Shot: ☐ Yes ☐ No ☐ Not applicablePassed Background Check: ☐ Yes ☐ No ☐ Not applicablePassed Drug Screening: ☐ Yes ☐ No ☐ Not applicable

Individual's Name: _____

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State Specific**Dislocated Worker Employment - Additional Dislocation Employment Information**(For guidance see the Dislocated Worker Eligibility Guide: <https://workforceboard.zendesk.com/hc/en-us/articles/360032292511>)*Required for Dislocated Worker Category 7 or 8 only:*Spouse of an active-duty service member: ☐ Yes ☐ No

Verified with: _____

Employment loss due to relocation: ☐ Yes ☐ No

Verified with: _____

Spouse is unemployed or underemployed and is having difficulty obtaining or upgrading employment: ☐ Yes ☐ No

Verified with: _____

Required for all Dislocated Worker Categories except 6, 7, & 8:

Dislocation Job – Employment Status:

- ☐ Fired
- ☐ Labor dispute
- ☐ Laid off
- ☐ Quit
- ☐ Still employed, layoff pending

Employer Layoff Reason:

- ☐ Flood or Other Natural Disaster
- ☐ Lack of Work at Employer
- ☐ Plant Closure
- ☐ Substantial Layoff
- ☐ In Process of Going out of Business
- ☐ General Economic Conditions
- ☐ Clean Air Act
- ☐ Defense Reductions
- ☐ Trade Impacted Employment
- ☐ Qualifying Federal Dislocation Event

Tenure: ☐ Yes ☐ NoRequires Additional Assistance: ☐ Yes ☐ No**Education – Additional Education Information (Required for all customer groups)***Full Time Attending School: ☐ Yes ☐ No*Pursuing GED / Diploma / Certificate: ☐ Yes ☐ No**Public Assistance (Required for all customer groups)**
 *# Months Received TANF in prior 60 Months (if none, indicate "0"): _____
 Required if received TANF is prior 60 months
 DHS Case #: _____
Barriers – (Required for Youth Only)
 Youth – Subject to juvenile or adult justice system:
 ☐ Yes
 ☐ No
 ☐ Verified

Individual's Name:

Last 4:

WIOA Training Criteria (Adult and Dislocated Workers)		
Assessment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment Completed by:		
<input type="checkbox"/> By LWDA <input type="checkbox"/> By Core Partner <input type="checkbox"/> By Training Provider <input type="checkbox"/> By Other 3rd Party		
Initial IEP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IEP Completed by:		
<input type="checkbox"/> By LWDA <input type="checkbox"/> By Core Partner <input type="checkbox"/> By Training Provider <input type="checkbox"/> By Other 3rd Party		
Other grant resources are unavailable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training Certification Date:		
Applicant Eligibility		
Title/Program:	Eligibility Date:	

 Signature of Case Manager

 Initial Eligibility Determination Date

Individual's Name: _____ Last 4: _____

WIOA 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. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. 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 Workforce Innovation and Opportunity Act (WIOA) 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 Workforce Innovation and Opportunity Act 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

Staff Signature

Date

APPEAL RIGHTS

If you disagree with this determination, you may request a reconsideration/appeal in person, by mail, or by fax. Your request must be filed at the Illinois Department of Commerce Office of Employment and Training policy office within thirty (30) days after the date this notice was given or mailed to you. Any request submitted by mail must bear a postmark date within the applicable time limit or filing. If the last day for filing your request is a day that the office is closed, the request may be filed on the next day the office is open. A letter will suffice if you do not have a form. If additional information or assistance regarding the appeals process is needed, please contact the Illinois Department of Commerce Office of Employment and Training at 500 E. Monroe St, Springfield, IL, 62701 or by fax at (217)558-2444.