

WIOA Youth Program Application			
First Name	M.I.	Last Name	
Date of Birth	Age	SSN	Gender: <input type="radio"/> Male <input type="radio"/> Female
Mailing Address		City	Zip Code
Physical Address (if different from mailing address)		City	Zip Code
Main Phone		Cell Phone	
Email		Are you a Nevada resident? Yes No	
Permanent Contact: Please provide the following information for an individual who does not live with you, but knows how to contact you in the event you move or an emergency occurs.			
First Name	Last Name	Relationship	Telephone
Ethnicity Hispanic/Latino Yes No I do not wish to disclose			
Please mark all that apply for your Race: Black or African American Native American Indian or Alaska Native Hawaiian or other Pacific Islander Asian White I do not wish to disclose			
If male 18 years or older, are you registered with Selective Service? Yes No			
Citizenship Status: United States Citizen: Temporary Work Permit: Permanent Resident Alien: Other, please explain: Refugee or Parole:			
Are you a Veteran? Yes No If yes, please check all that apply: Veteran who served less than 180 days Eligible Veteran (served more than 180 days) Veteran with a special disability as defined by the Veterans Administration I separated from the service within the past 48 months What is the date of your active duty military separation? _____ Are you on active military duty status and within 24 months of retirement or 12 months of separation from the armed forces? Yes No			
What is your employment status? Currently Employed Not Employed Employed but have received a notice of termination from employment or military separation			

Are you receiving Unemployment Insurance? Yes No Have you exhausted Unemployment Insurance? Yes No Were you referred by Worker Profiling and Reemployment Services, (WPRS) Yes No													
Who is your current or last employer? Name: Dates worked: Reason for no longer working: Wage at this job (annual):	Have you ever been laid off from a job? Yes No If yes, provide the following: Employer Name: Last day on the job: Wage:												
Are you receiving any of the following benefits? Yes No If yes, please check all that apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Temporary Assistance for Needy Families (TANF)</td> <td style="width: 50%;">Free or Reduced Lunch</td> </tr> <tr> <td>Supplemental Nutrition Assistance Program (SNAP)</td> <td>Social Security Disability Insurance (SSDI)</td> </tr> <tr> <td>Supplemental Security Income (SSI)</td> <td>Refugee Cash Assistance</td> </tr> </table>		Temporary Assistance for Needy Families (TANF)	Free or Reduced Lunch	Supplemental Nutrition Assistance Program (SNAP)	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)	Refugee Cash Assistance						
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What is your education level? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">No school grades completed</td> <td style="width: 50%;">Completed ___years voc. training (13-15)</td> </tr> <tr> <td>Completed ____grades (1-12)</td> <td>Completed ___years of college (13-15)</td> </tr> <tr> <td>12th Grade - HS Diploma</td> <td>Attained Associates Diploma or Degree</td> </tr> <tr> <td>12th Grade – No HS Diploma</td> <td>Attained Bachelor’s Degree or equivalent</td> </tr> <tr> <td>Attained GED</td> <td>Education beyond the Bachelor’s Degree</td> </tr> <tr> <td>Disabled w/Cert./IEP</td> <td></td> </tr> </table>		No school grades completed	Completed ___years voc. training (13-15)	Completed ____grades (1-12)	Completed ___years of college (13-15)	12 th Grade - HS Diploma	Attained Associates Diploma or Degree	12 th Grade – No HS Diploma	Attained Bachelor’s Degree or equivalent	Attained GED	Education beyond the Bachelor’s Degree	Disabled w/Cert./IEP	
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Are you receiving a Pell Grant? Yes No My application is pending													

Are you enrolled in the following programs:					
National Farmworkers Jobs Program?	Yes	No	YouthBuild?	Yes	No
Indian and Native American?	Yes	No	Job Corps?	Yes	No
Youth Barriers (please check all that apply):					
Do you have an incarcerated parent?	No	Yes, mother	Yes, father	Yes, both parents	
Are you in foster care or have aged out?	Yes	No	Are you a returning citizen?	Yes	No
Are you a pregnant or parenting youth?	Yes	No	Are you a runaway?	Yes	No
Do you have a basic skills deficiency?	Yes	No	Are you homeless?	Yes	No
Do you have difficulty reading, writing, or speaking English?			Yes	No	
Do you have a disability?	Yes	No (Including mental, physical, and emotional disabilities)			
Are you between the ages 16-24 and need additional assistance to complete an educational program or to secure and keep employment?	Yes	No if so, explain: _____			
Do you reside in a "High Poverty Area"? If yes, please list the census tract number: _____					
Family Status:			Please indicate the members of your household (including yourself):		
Not a family member	Yes	No	Name		
Not Reported	Yes	No			
Other family member	Yes	No			
Parent in one-parent family	Yes	No			
Parent in two-parent Family	Yes	No			
Income requirements are applicable only to the following options below: (If answered yes to any questions below, an income worksheet must be completed.)					
In-school youth between the ages of 16-21:	Yes	No			
Out-of-school youth with a HS diploma or its equivalent, and is basic skills deficient:			Yes	No	
Out-of-school youth needing additional assistance with no additional barriers:			Yes	No	

Participant Certification:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
4. I further agree to the use of my social security number, if provided, for the purposes of record identification and eligibility verification.
5. By signing this form below, I am agreeing to participate in the program and work in cooperation with the program staff to achieve my goals.

Participant Signature

Date

Parent or Guardian Signature (If participant is under age 18)

Date

Career Coach Signature

Date

WIOA Staff Only

Has the youth participant been properly assessed and deemed suitable for the WIOA program? Yes No
 If not, explain why:

Was the youth referred to a more suitable program? Yes No If yes, complete the following below:

Name of agency: _____ Contact Person: _____

Phone Number: _____