

UNION COUNTY YOUTH WORKFORCE DEVELOPMENT OPERATIONS PROGRAM REGISTRATION FORM

Note: In order to be considered for training in a WIOA funded program this form must be completed and signed for each youth applicant

PLEASE PRINT

Youth's Name:	Date of Birth: / / Age:
Residential Address: (No P.O. Box)	Social Security Number:
City, State, Zip:	Telephone No:
Alternate Name (Friend or Relative): (In Case of Emergency)	Emergency Contact Telephone No:

YOUTH: EMPLOYED UNEMPLOYED HIGHEST GRADE COMPLETED: _____ GENDER: MALE FEMALE

CHECK IF YOUR FAMILY IS RECEIVING ANY OF THE FOLLOWING :

CHECK IF YOUTH IS ANY OF THE FOLLOWING:

<input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Free/Reduced School Lunch <u>REQUIRED</u> <input type="checkbox"/> Basic Skills (G.E. below 8.9) (OR) <input type="checkbox"/> Abbott School District w/ <u>Justification Form</u>	<input type="checkbox"/> In School or <input type="checkbox"/> Out of School <input type="checkbox"/> Receiving General Assistance <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Disabled (Physical, Mental or Learning ** Provide Letter) <input type="checkbox"/> Foster Child <input type="checkbox"/> Youth Offender <input type="checkbox"/> Single Parent
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U.S. Citizen? Yes No/ if not – Alien Registration No: _____ (Bring Proof)

Selective Service: Registered No Yes - Registration No: _____ (Bring Proof)
(Males: 18 or Older Only)

PARENTS MUST COMPLETE THE FOLLOWING UNLESS THE FAMILY RECEIVES TANF, FS, SS, SSI, OR FREE/REDUCED LUNCH:				
1. List all family friends including the youth named above and parents related by blood, marriage or adoption, living in the household during the last <u>6 month period</u> . Include family members not living in the household but claimed as dependents for income tax purposes. Do not include the individuals living in your home who are self-supporting (not dependent on you for support). 2. List age and relation of each family member.	3A. INCOME: List total wages and salaries before taxes (gross), that each family member carried <u>OVER THE PAST 6 MONTHS</u> . Include any self-employment income and other income, such as rents, social security benefits, pensions or alimony. 3B. For each family member listed: if they have no income <u>write none</u> in the space provided.	3C. SOURCE OF INCOME: Enter the source of income such as employment, child support payments, military pay, welfare, unemployment, food stamps etc. 4. ASSISTANCE CASE NUMBER _____ 4A. Date Assistance Began: _____ / _____ / _____ 4B. Monthly Amount: _____		
NAME	AGE	RELATIONSHIP	A. INCOME	B. INCOME SOURCE

Note: You must bring Proof of Income for all family members (e.g. recent pay stub for each person working, current month Medicaid Card or Food Stamp Authorization Form, Social Security records, W-2 Form, UI records, etc.). If you are scheduled for an interview:

Also bring: Proof of Age (driver's license, birth certificate, passport etc.)
 Proof of Residency (latest utility bill, receipt, etc.)
 Proof of TANF, Food Stamps, Social Security, SSI, Free/Reduced Lunch

Selective Service (for males 18 or older)
Social Security Card

I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and that customers may be required to document its accuracy. Customers are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my employer or agency from which I receive benefits.

Signature of Parent or Guardian: _____	Date: / /	Reviewer Initials: _____
Customer Signature: _____	Date: / /	Date: / /
Interviewer Signature: _____	Date: / /	

UNION COUNTY YOUTH WORKFORCE DEVELOPMENT OPERATIONS PROGRAM
REGISTRATION FORM – PAGE 2

ELIGIBILITY DETERMINATION: **PLEASE COMPLETE THE FOLLOWING**

EDUCATION STATUS: <input type="checkbox"/> DROPOUT <input type="checkbox"/> STUDENT (FULLTIME) <input type="checkbox"/> HIGH SCHOOL GRAD (OR EQUIVALENT) <input type="checkbox"/> POST HS STILL ATTENDING <input type="checkbox"/> NOT ATTENDING <input type="checkbox"/> POST HS DEGREE HIGHEST GRADE COMPLETED: _____

RACE/ETHNIC: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> LATINO OR HISPANIC <input type="checkbox"/> ALASKAN/ AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/ PACIFIC ISLANDER <input type="checkbox"/> OTHER
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FAMILY STATUS: <input type="checkbox"/> PARENT IN ONE PARENT FAMILY <input type="checkbox"/> PARENT IN TWO PARENT FAMILY <input type="checkbox"/> OTHER FAMILY MEMBER <input type="checkbox"/> NOT FAMILY MEMBER	SINGLE HEAD OF HOUSEHOLD, DEPENDENTS UNDER AGE 18: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF DEPENDENTS UNDER AGE 18: <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUTH PARENT/PREG. TEEN <input type="checkbox"/> YES <input type="checkbox"/> NO
ANNUALIZED FAMILY INCOME (If applicable): \$ _____	NUMBER IN FAMILY _____	READING LEVEL _____	MATH LEVEL _____

PLEASE PROVIDE THE NAME OF A RELATIVE OR FRIEND THAT CAN BE CONTACTED IF NECESSARY:

RELATIVE/FRIEND NAME:	TELEPHONE:
RELATIVE/FRIEND ADDRESS: STREET/CITY:	STATE: ZIP CODE:

STAFF USE ONLY ↓

COMMUNITY CODE:	ELIGIBILITY DATE:
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BASIC SKILLS DEFICIENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	ONE OR MORE GRADE LEVELS BELOW EDUCATIONAL ATTAINMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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LACKS SIGNIFICANT WORK HISTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIMITED ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO
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YOUTH PROGRAMS MUST CONTAIN ALL OR ANY OF THE FOLLOWING ELEMENTS: (PLEASE CHECK ALL THAT APPLY)

- Tutoring, study skills training and instruction leading to completion of secondary school, including drop-out prevention strategies.
- Alternative secondary school services.
- Paid and unpaid work experiences that have as a component academic and occupational education.
- Occupational skills training
- Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.
- Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.
- Supportive services.
- Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months.
- Follow up services for not less than 12 months after the completion of participation, as appropriate.
- Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate.
- Financial literacy education.
- Entrepreneurial skills training.
- Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services.
- Activities that help youth prepare for and transition to postsecondary education and training.

ENROLLMENT START DATE:	TERMINATION DATE:
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VOLUNTARY DISCLOSURE OF DISABILITY WILL BE KEPT CONFIDENTIAL