

Workforce Innovation and Opportunity Act, Title 1
 Youth Program Application

APPLICANT INFORMATION		
First Name	M.I.	Last Name
Date of Birth	Gender	SSN
Main Phone	Mailing Address	
Cell Phone		
Email	Physical Address (if different from Mailing Address)	
Name, address, phone and email of someone who does not live with you but knows how to contact you if you move		
Please mark all that apply for your Race/Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic/Latino		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes- (Veteran) please check all that apply <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Veteran who served less than 180 days <input type="checkbox"/> Other Eligible Person	
If male, are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	<input type="checkbox"/> Eligible Veteran (served more than 180 days) <input type="checkbox"/> Veteran with a disability <input type="checkbox"/> Veteran with a Special Disability as defined by the Veterans Administration <input type="checkbox"/> I separated from the service within the past 48 months What is the date of your active duty Military Separation? _____	
Are you an Alaska Resident and have resided in Alaska for the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on active military duty status and within 24 months of retirement or 12 months of separation from the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you attended a TAP Workshop in the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty reading, writing, or speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your Citizen Status? <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Refugee or Parolee <input type="checkbox"/> Other, Please explain:	

Workforce Innovation and Opportunity Act, Title 1 Youth Program Application

Are you an Individual with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all that apply <input type="checkbox"/> Physical Impairment, including mobility and sensory impairments <input type="checkbox"/> Both Physical and Mental <input type="checkbox"/> Mental Impairment, including cognitive and learning impairments <input type="checkbox"/> I do not wish to disclose	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lack a sufficient work history? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No, my benefits are exhausted
Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you referred by WPRS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in jobs that paid into unemployment insurance in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving any of the following benefits? If yes, please check all that apply <input type="checkbox"/> Temporary Assistance and/or Tribal Assistance for Needy Families (TANF) <input type="checkbox"/> Food Stamp Assistance <input type="checkbox"/> Alaska Temporary Assistance Program (ATAP) <input type="checkbox"/> General Assistance <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> Supplemental Security Income (SSI-SSA) <input type="checkbox"/> Social Security Disability Insurance (SSDI)	
What is your employment status? <input type="checkbox"/> Currently employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed but have received a notice of termination from employment or military separation	
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? if yes, Employer Name: Date of Layoff: Wage at dislocation (annual):
If employed, are you at risk of losing your job due to a downturn in the economy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, do you need training in order to remain a self-sufficient wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you dependent on another's income and are no longer supported by that income? (due to divorce, spouse being laid off, death, recently separated veteran or their spouse, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	

Workforce Innovation and Opportunity Act, Title 1 Youth Program Application

During the last 12 months, did you receive at least 50% of your income from farm work, work at least 25 days doing farm work and were not employed year round by the same employer? Yes No

If yes, was the job site for the farm work located beyond the commuting area of your permanent residence?

Yes No If a farm worker, what type? Agricultural Production and Services Food Processing

This question does not apply to me; I was not a farm worker.

What is your current school status? In School - High School In School - Alternative High School

In School – post High School Not attending School - I did not graduate High School

Not attending school – I graduated High School

Are you receiving a Pell Grant? Yes No My application is pending

What is the highest level of education you have completed?

No school grades completed

Attained a High School Diploma

Completed ____grades (1-12)

Attained a GED

Completed____ years of college, or vo-tech

Attained a Certificate of Attendance/Completion

Bachelors Degree

Attained other Post-Secondary Degree or Cert.

Education beyond the Bachelors Degree

Attained Associates Diploma or Degree

Are you enrolled in any of the following programs?

National Farmworker Jobs Program Yes No YouthBuild Yes No

Indian and Native American Programs Yes No Job Corps Yes No

Other

Do you have an incarcerated parent? No Yes, mother Yes, father Yes, both parents

Are you in foster care? Yes No Are you an offender? Yes No

Are you a pregnant or parenting youth? Yes No Are you a runaway? Yes No

Are you between the ages of 14 and 24 and need additional assistance to complete an educational program or to secure and keep employment? Yes No

Basic literacy skills Deficient? Yes No *(to be completed by intake staff)*

Workforce Innovation and Opportunity Act, Title 1
 Youth Program Application

FAMILY INCOME

Please list all family members and their total earned income during the **past 6 months**.

Enter a zero in the income column if the person had no earnings or income. Family is defined as two or more persons related by blood, marriage, or decree of court that are living in a single residence, and are included in one or more of the following categories:

(A) A husband, wife, and dependent children; or (B) A parent or guardian and dependent children; or (C) A husband and wife. (Decree of court means guardianship or adoption.)

<p>Father \$ _____</p> <p>Mother \$ _____</p> <p>Self \$ _____</p> <p>Spouse \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>Dependent \$ _____</p> <p>TOTAL 6 Month Gross Family Income \$ _____</p> <p>Total Family Size _____</p>	<p>Do NOT include:</p> <ul style="list-style-type: none"> • Alaska Permanent Fund Dividend • Unemployment Insurance • Alaska Temporary Assistance Program (ATAP) • Temporary Assistance to Needy Families (TANF) • Tribal Temporary Assistance to Needy Families • Tribal General Assistance • General Assistance • Refugee Cash Assistance • Workers Compensation lump sum settlement • Supplemental Security Income (SSI) • Aid to the Disabled • Aid to the Blind • Child Support • Senior Assistance • Military Income (active duty or veterans benefits)
---	---

Workforce Innovation and Opportunity Act, Title 1
Youth Program Application

**Equal Opportunity Is the Law
Certification Form**

It is against Federal and State law for this recipient of Federal financial assistance to discriminate on the following basis:

- against any individual in the United States, on the basis of age, gender, disability, ethnicity, national origin, religion, genetics, retaliation sexual orientation, pregnancy, compensation level, marital status, changes in marital status, or parenthood; or
- against any beneficiary on the basis of the beneficiary's citizenship or citizenship status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any State financially assistance program or activity.

The recipient must not discriminate in any of the following areas:

- deciding who will be admitted, or have access to any Federal financial assisted program or activity;
- providing opportunities in, or treating any person with regard to such a program, or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a state financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with:

Louise Dean
1016 W 6th Ave, Ste 401
Anchorage, Alaska 99501
(907) 269-7487
louise.dean@alaska.gov

I hereby certify that I have read and understand the content of this document.

Applicant Name

Date

Workforce Innovation and Opportunity Act, Title 1 Youth Program Application

Applicant Certification: Name: _____ SSN: _____

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 further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training, if training is a part of my career plan; I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.
7. I certify that I will complete this career plan to the best of my ability and will notify my career planner if I am experiencing difficulties.
8. I agree to complete the program survey that will be emailed to me upon completion of services.
9. I certify that I received a copy of the Equal Employment Opportunity is the Law information. _____
10. I certify that I received a copy of the grievance procedures. _____ (initial) _____ (initial)

Media Release: I, _____ DO ___ DO NOT _____, grant the **State of Alaska** and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations. This may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with the use of these images and/or commentaries.

Release of Information: I understand that my signature on this form gives the Division of Employment and Training Services permission to seek and share limited information including, but not limited to, community and state agencies, vendors, training providers, employers and landlords to determine eligibility for services, provide ongoing case management, and referrals or to receive follow-up information about my employment status.

Applicant Signature

Date

Parent or Guardian Signature (if applicant is under age 18)

Date

Career Planner Signature

Date

USES & DISCLOSURE -Registration information is routinely reported to the Federal Department of Labor (the source of the funds) or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program. Furnishing your social security number is voluntary. If you provide this, the Division will not release it to other parties without written consent.