

APPLICANT INFORMATION- Check all that apply			
First Name		M.I.	Last Name
Date of Birth:	Age	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:			

Race/Ethnicity		Other Info.	YES	NO
Unknown Not Provided	<input type="checkbox"/>	Alaska Resident	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/ Alaska Native	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Veteran- If yes see page 3 table A	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Individual with a disability- If yes see page 3 table B	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/>			
White	<input type="checkbox"/>			

ENROLLMENT INFORMATION

Barriers	YES	NO	Additional Info.	YES	NO
• Basic Skills Deficient (Based on TABE assessment)	<input type="checkbox"/>	<input type="checkbox"/>	Are you a U.S citizen?	<input type="checkbox"/>	<input type="checkbox"/>
• In Foster care or Foster Care Alumni	<input type="checkbox"/>	<input type="checkbox"/>	If no see page 3 table C		
• Limited English/English Language Learner	<input type="checkbox"/>	<input type="checkbox"/>	Registered with Selective Service	<input type="checkbox"/>	<input type="checkbox"/>
• Homeless or Runaway individual	<input type="checkbox"/>	<input type="checkbox"/>	Exempt from Selective Service	<input type="checkbox"/>	<input type="checkbox"/>
• A Low-Income Individual	<input type="checkbox"/>	<input type="checkbox"/>	National Farmworker Program	<input type="checkbox"/>	<input type="checkbox"/>
• Needs Additional Assistance (to finish school or find a job)	<input type="checkbox"/>	<input type="checkbox"/>	Indian & Native American Program	<input type="checkbox"/>	<input type="checkbox"/>
• Pregnant or Parenting	<input type="checkbox"/>	<input type="checkbox"/>	In Youth Build	<input type="checkbox"/>	<input type="checkbox"/>
• Offender	<input type="checkbox"/>	<input type="checkbox"/>			
• Ex- Offender	<input type="checkbox"/>	<input type="checkbox"/>	School Status	YES	NO
• Cultural Barriers	<input type="checkbox"/>	<input type="checkbox"/>	Last Grade Completed [] Write in grade		
• School Dropout	<input type="checkbox"/>	<input type="checkbox"/>	In-School High School or Less	<input type="checkbox"/>	<input type="checkbox"/>
• Individual with a Disability	<input type="checkbox"/>	<input type="checkbox"/>	In –School Alternative High School	<input type="checkbox"/>	<input type="checkbox"/>
			In-School Post High school	<input type="checkbox"/>	<input type="checkbox"/>
Parent Status	YES	NO	Not In School- Dropped out	<input type="checkbox"/>	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>	<input type="checkbox"/>	Not In School- Graduated	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated Parent [Mother] and/or [Father]	<input type="checkbox"/>	<input type="checkbox"/>	Earned GED <input type="checkbox"/> Earned Diploma <input type="checkbox"/>		
Other Assistance Received	YES	NO	If completed high school or in-school post high school see page 3 table D		
Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>			
Other Public Assistance (print) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security Disability Insurance (SSDI) or	<input type="checkbox"/>	<input type="checkbox"/>			
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>			

Employment-Status at enrollment	YES	NO		YES	NO
Employed	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Employed but received notice of termination	<input type="checkbox"/>	<input type="checkbox"/>	Not in Labor Force	<input type="checkbox"/>	<input type="checkbox"/>
Displaced Homemaker	<input type="checkbox"/>	<input type="checkbox"/>			

Employment-Unemployment Insurance (UI)	YES	NO		YES	NO
Claimant Referred by RSREA	<input type="checkbox"/>	<input type="checkbox"/>	Exhaustee-(received UI in past 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Claimant NOT Referred by RSREA	<input type="checkbox"/>	<input type="checkbox"/>	Neither claimant on UI or exhaustee	<input type="checkbox"/>	<input type="checkbox"/>
Claimant Exempt From Work Search	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving UI benefits	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information- Employment History		YES	NO
Current or last employer: _____	Have you ever been laid off from a job	<input type="checkbox"/>	<input type="checkbox"/>
Dates worked: _____	Employer Name: _____		
Reason for Leaving: _____	Date of Layoff: _____		
_____	Wage at layoff (Monthly): _____		
Wage (Monthly): _____			

INCOME ELIGIBILITY

Please list Total family members and the total household earned income during the **past 6 months**.

Enter a zero in the income column if the applicant had no earnings or income. Family is defined as two or more persons related by blood, marriage, or decree of court (guardianship or adoption), and living in a single residence, 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.

List total household income for prior 6 months: \$ _____
 List number of family members in household: _____

2021 POVERTY GUIDELINES FOR ALASKA	
Persons in family/household	Poverty guideline
1	\$16,090
2	\$21,770
3	\$27,450
4	\$33,130
5	\$38,810
6	\$44,490
7	\$50,170
8	\$55,850
For families/households with more than 8 persons, add \$5,680 for each additional person.	

Do **NOT** include in income calculation:

- 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
- Senior Assistance
- Military Income (active duty or veteran’s benefits)

Table A

Veteran- Continued	YES	NO		YES	NO
Veteran who served less than 180 days	<input type="checkbox"/>	<input type="checkbox"/>	Campaign veteran	<input type="checkbox"/>	<input type="checkbox"/>
Eligible veteran served 180 days or more	<input type="checkbox"/>	<input type="checkbox"/>	Veteran with a disability	<input type="checkbox"/>	<input type="checkbox"/>
Veteran with a disability defined by veteran's administration	<input type="checkbox"/>	<input type="checkbox"/>	Have you attended a TAP workshop in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Separated from the service within the past 48 months	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>	<input type="checkbox"/>			

Table B

Individual With a Disability- Continued	Yes	No		Yes	No
Physical/ Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	Individual With A Disability IEP Participant	<input type="checkbox"/>	<input type="checkbox"/>
Physical/ Mobility Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Disability- has 504 Plan	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disability	<input type="checkbox"/>	<input type="checkbox"/>	Received services from State Developmental Disability Association	<input type="checkbox"/>	<input type="checkbox"/>
Blindness or Low Vision	<input type="checkbox"/>	<input type="checkbox"/>	Individual With A Disability SDDA Services	<input type="checkbox"/>	<input type="checkbox"/>
Deaf/ Hard-of-Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Individual With A Disability LSMHA Services	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	Individual With A Disability Medicaid HCBS Service	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/ Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	Individual With A Disability Work Setting	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to disclose a Disability	<input type="checkbox"/>	<input type="checkbox"/>	Individual W/Disability Type Customized Employment Services	<input type="checkbox"/>	<input type="checkbox"/>
			Individual With A Disability Financial Capability	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Table C

U.S. Citizen-Additional info.	YES	NO
Permanent Resident Alien	<input type="checkbox"/>	<input type="checkbox"/>
Refugee or Parolee	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Work Permit	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Table D

Education- Highest Education Level Completed	Yes	No
No education level completed	<input type="checkbox"/>	<input type="checkbox"/>
Completed one or more years of post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>
Education beyond the bachelor's degree	<input type="checkbox"/>	<input type="checkbox"/>
Attained a High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Attained a GED	<input type="checkbox"/>	<input type="checkbox"/>
Attained a Certificate of Attendance/Completion of IEP (Youth with disability only)	<input type="checkbox"/>	<input type="checkbox"/>
Attained other Post-Secondary Degree or Cert.	<input type="checkbox"/>	<input type="checkbox"/>
Attained Associates Diploma or Degree	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Certification:

By my signature below I affirm the below listed certifications, media release, and release of information:

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.

Equal Employment Opportunity: I certify that I received a copy of the Equal Employment Opportunity Discrimination Complaint form. _____ (applicant initial) _____ (case manager 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 Youth Program grant recipients and 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 _____ **Date:** _____
(If applicant is under age 18)

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.

WIOA Youth is an Equal Opportunity Employer/Program, Auxiliary aids and services are available upon request to individuals with disabilities.