WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

TITLE I-B YOUTH PROGRAM APPLICATION

Complete all applicable sections. Staff determine eligibility using required documentation, allowable applicant statements or self-attestation, and AlaskaJobs. ★ identifies a current WIOA Youth grant priority; it supports outreach and service planning and does not establish eligibility by itself.

APPLICANT INFORMATION

Legal first name | M.I. | Legal last name | Preferred name

Date of birth | Age | Gender | Social Security number (optional)

Main phone | Alternate phone | Email

Mailing address | Physical address (if different)

Reliable contact who does not live with you (name, relationship, phone, and email)

CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS | Required for every applicant

- ☐ U.S. citizen
- ☐ U.S. national
- ☐ Lawful permanent resident
- ☐ Refugee or asylee
- ☐ Parolee
- ☐ Other lawfully admitted noncitizen

If other, specify status | Documentation/information reviewed by staff, when required

POTENTIAL ELIGIBILITY BARRIERS AND PARTICIPANT CHARACTERISTICS

These responses identify potential eligibility criteria, participant characteristics, priorities, and service-planning needs. Staff must separately determine ISY or OSY status, whether low income is required, and whether the applicable eligibility criterion is adequately documented.

☐ Yes	☐ No	English language learner
☐ Yes	☐ No	Basic skills deficient
☐ Yes	☐ No	Homeless individual ★
☐ Yes	☐ No	Runaway ★
☐ Yes	☐ No	Currently in foster care ★
☐ Yes	☐ No	Aged out of foster care ★
☐ Yes	☐ No	Migrant youth ★
☐ Yes	☐ No	Out-of-home placement
☐ Yes	☐ No	Offender/justice-system involved as defined by WIOA ★
☐ Yes	☐ No	At risk of justice-system involvement (priority only) ★
☐ Yes	☐ No	Incarcerated at program entry
☐ Yes	☐ No	Pregnant or parenting
☐ Yes	☐ No	Cultural barrier
☐ Yes	☐ No	School dropout ★
☐ Yes	☐ No	At risk of dropping out (priority only) ★
☐ Yes	☐ No	Individual with a disability ★
☐ Yes	☐ No	Needs additional assistance - complete Section E

SCHOOL STATUS AND CREDENTIAL

Current school attendance - select one

- ☐ Attending secondary school
- ☐ Attending alternative secondary school
- ☐ Attending postsecondary school
- ☐ Not attending any school

Highest credential completed - select one

- ☐ None
- ☐ High school diploma
- ☐ GED or recognized equivalent
- ☐ Postsecondary credential

Last grade completed | Current/most recent school or program

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

EMPLOYMENT AND INCOME INFORMATION

Complete the sections that apply. Staff may request supporting documentation when required for eligibility. Enter zero when there was no applicable income.

EMPLOYMENT STATUS AT APPLICATION

Select one primary status

- ☐ Employed
- ☐ Employed - notice of termination received
- ☐ Unemployed
- ☐ Not in the labor force
- ☐ Displaced homemaker (participant characteristic)

Unemployment Insurance

- ☐ UI claimant - referred by RESEA
- ☐ UI claimant - not referred by RESEA
- ☐ Exempt from work search
- ☐ Exhaustee - received UI in past 5 years
- ☐ Neither claimant nor exhaustee

☐ Yes ☐ No Currently receiving UI

EMPLOYMENT HISTORY

Current or most recent employer

Job title

Dates worked

Reason for leaving

Monthly wage

Laid off? Employer/date/wage at layoff

Additional employment history or explanation

LOW-INCOME PATHWAYS AND PUBLIC ASSISTANCE

Check all that apply to the applicant or family, as applicable.

- ☐ SNAP received by applicant or family
- ☐ TANF/ATAP
- ☐ Tribal TANF
- ☐ SSI
- ☐ SSDI
- ☐ Receives or is eligible for free/reduced-price school lunch
- ☐ Child-care assistance/PASS
- ☐ Other public assistance

Other assistance description

FAMILY INCOME - PRIOR SIX MONTHS

"Family" generally means two or more persons related by blood, marriage, guardianship, adoption, or court decree who live in one residence as spouses and dependent children, or a parent/guardian and dependent children. Staff apply WIOA rules for individual income, disability, high-poverty areas, and other allowable low-income pathways.

Total countable family income - prior 6 months ($)

Number of family members

Income review period (from/to)

Income source	Applicant	Family member(s)	Total
Wages/salary/tips			
Self-employment income			
Other countable income - describe			
TOTAL COUNTABLE INCOME			

DO NOT INCLUDE IN THE INCOME CALCULATION

Alaska Permanent Fund Dividend; ATAP/TANF or Tribal TANF; Tribal or General Assistance; Refugee Cash Assistance; Workers' Compensation lump-sum settlement; Supplemental Security Income (SSI); Aid to the Disabled or Aid to the Blind; Senior Assistance; military active-duty income; veterans' benefits.

Staff use the current LLSIL, poverty guidelines, applicable high-poverty-area rules, and AlaskaJobs calculations. The applicant should not determine eligibility from this form.

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

DEMOGRAPHIC AND SUPPLEMENTAL INFORMATION

Complete demographic information and the supplemental sections that apply. Complete Section D for every applicant. An applicant may decline to disclose disability details; declining does not by itself affect eligibility or access to reasonable accommodations.

DEMOGRAPHIC AND PROGRAM INFORMATION | Check all that apply

Race - select one or more

- ☐ American Indian/Alaska Native ★
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Not provided

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Not provided

Other information

- ☐ Yes ☐ No Alaska resident
- ☐ Yes ☐ No Veteran
- ☐ Yes ☐ No Individual with a disability
- ☐ Prefer not to disclose

SECTION A - VETERAN INFORMATION

- ☐ Served fewer than 180 days
- ☐ Veteran with a disability
- ☐ Separated from service within past 48 months
- ☐ On active duty and within 24 months of retirement or 12 months of separation
- ☐ Eligible veteran - served 180 days or more
- ☐ Campaign veteran
- ☐ Attended TAP workshop in past 3 years

SECTION B - DISABILITY AND ACCESS INFORMATION

- ☐ Physical/chronic health condition
- ☐ Mental-health disability
- ☐ Deaf or hard of hearing
- ☐ Learning disability
- ☐ Developmental/intellectual disability
- ☐ Physical/mobility impairment
- ☐ Blindness or low vision
- ☐ IEP participant
- ☐ 504 Plan
- ☐ Received disability or behavioral-health services
- ☐ Medicaid HCBS services
- ☐ Prefer not to disclose disability type

Accommodation, auxiliary aid, communication access, or other support requested

SELECTIVE SERVICE

☐ Registered ☐ Exempt ☐ Not applicable

Documentation/information reviewed by staff

SECTION D - HIGHEST EDUCATION LEVEL COMPLETED | Required for every applicant

- ☐ No education level completed
- ☐ One or more years of postsecondary education
- ☐ High school diploma
- ☐ GED or recognized equivalent
- ☐ Certificate of attendance/completion of IEP
- ☐ Recognized postsecondary certificate
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Education beyond bachelor's degree

Institution/program

Completion date

PARENT/FAMILY STATUS AND CHILD-CARE NEEDS

☐ Yes ☐ No Single parent

Incarcerated parent: ☐ Mother ☐ Father ☐ Both ☐ Neither

Number of children/dependents requiring care

Need help arranging or paying for child care to participate?

☐ Yes ☐ No ☐ Unsure

Current child-care provider or assistance contact, if applicable

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

ADDITIONAL ASSISTANCE ELIGIBILITY

Complete only when “Needs additional assistance” is marked Yes on Page 1. Select the applicable State definition(s), provide a participant-specific explanation, and identify the documentation reviewed and retained.

SECTION E - ADDITIONAL ASSISTANCE

- ☐ a. Lacks the employability skills to become or retain employment; or
- ☐ b. Lacks access to training opportunities due to geographic challenges; or
- ☐ c. Requires special accommodations for education or employment due to their disability; or
- ☐ d. Has cultural dissonance; or
- ☐ e. Is a migrant youth, as defined below; or

  Migrant youth means an individual age 14 through 24 who is individually eligible as a migrant or seasonal farmworker, or is the dependent of an eligible migrant or seasonal farmworker, consistent with 20 CFR 685.110.

- ☐ f. Is currently attending an educational program; and (1) previously dropped out of an educational program; (2) has poor attendance patterns during the last 12 calendar months; and (3) has below-average grades, including being behind in credits for graduation; or
- ☐ g. Is not attending an educational program; and (1) has no vocational/employment goal; and (2) has a poor work history, including no work history, or was fired from a job in the last six calendar months.

Required participant-specific explanation

Documentation reviewed and retained

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

CERTIFICATIONS, NOTICES, RELEASES, AND SIGNATURES

Read each section before signing. Optional choices are clearly identified and do not affect eligibility or access to WIOA Youth services.

APPLICANT CERTIFICATION

1. I certify, to the best of my knowledge, that the information in this application is accurate and complete.
2. I understand that information may be verified and allowable items may be supported through an applicant statement or self-attestation.
3. I understand that providing my Social Security number is voluntary and, if provided, it may be used only for authorized program purposes.
4. I understand that intentionally false information may result in denial or termination of services, repayment of improperly received benefits, or other action allowed by law.
5. If enrolled, I will participate in developing my Individual Service Strategy and tell my career planner when barriers affect participation.
6. I understand that I may be asked to complete a program survey after services end.

REQUIRED RIGHTS AND PROCEDURES ACKNOWLEDGMENTS

Document provided and reviewed	Applicant	Staff
Equal Employment Opportunity Discrimination Complaint Form		
WIOA Youth Program Grievance and Appeal Procedures		

OPTIONAL MEDIA RELEASE

Choose one. Declining permission will not affect eligibility, enrollment, or services.

☐ I GIVE permission for the State of Alaska and its administrative subdivisions to use my photograph, video, comments, or personal story for public-information or program-communication purposes.

☐ I DO NOT GIVE permission for this use.

Applicant initials

Parent/guardian initials if applicant is under 18

GENERAL RELEASE OF INFORMATION

I authorize the WIOA Youth grant recipient and the Division of Employment and Training Services to request, use, and share information reasonably necessary to determine and document WIOA Youth eligibility; complete and update my Objective Assessment and Individual Service Strategy; coordinate, authorize, and document WIOA Youth services, referrals, and partner-funded services; verify participation, attendance, progress, continued need, and education or employment outcomes; complete required reporting, monitoring, data validation, and audit activities; and provide and document required follow-up services after exit.

Information may be exchanged, as necessary, with education and training providers, employers, government agencies, community partners, and vendors directly involved in providing or verifying my WIOA Youth services. This authorization begins on the date signed and remains effective through completion of the required WIOA Youth follow-up period. I may revoke it in writing. Revocation applies to future disclosures and does not affect information previously exchanged or records the program is legally required to retain.

SEPARATE RELEASE REQUIRED: A separate, specific authorization must be completed before requesting or disclosing substance-use treatment, medical or behavioral-health treatment, housing or landlord records, or other information requiring additional authorization under federal or state law.

Applicant initials

Parent/guardian initials if applicant is under 18

SIGNATURES

Applicant signature | **Date**

Parent/guardian signature - required if applicant is under 18 | **Date**

Career planner/staff signature | **Date**

PRIVACY, USES, AND DISCLOSURES

Registration and participation information is reported as authorized or required to the U.S. Department of Labor and may be disclosed to a Member of Congress or staff when responding to the applicant's request for assistance. Furnishing a Social Security number is voluntary. If provided, it will be protected and disclosed only as authorized by law, program requirements, or written consent.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.