

WIOA Standard Application

Application Definition

Statutory Program: _____ WIOA _____ TAA/NAFTA _____ Contact Date: _____

TAA Petition Number: _____ NAFTA Petition Number: _____

LWIA#/ _____ IwNC*: _____

ETC: _____ * Illinois workNet (TM) Center

Career Planner: _____ Partner: _____

Applicant Contact Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Email Address: _____ County(for in-state addresses): _____

Additional Contacts

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work: _____ ext. _____

Relationship to Contact: _____ Email Address: _____

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Private Information

Social Security Number: _____

Hispanic or Latino? _____ (Yes or No)

☐ American Indian or Alaskan Native

Gender: _____

☐ Asian

Birth Date: _____

☐ Black

Mother's Maiden Name: _____

☐ Hawaiian or Pacific Island

Authorized to Work in USA? _____ (Yes or No)

☐ Prefer Not To Answer

Selective Service Compliant?: _____ (Yes, No, or NA)

☐ White

If Yes, specify

Selective Number: _____

Disability Status:

Category of Disability:

☐ No Disability ☐ Disability Affecting Employment

☐ Disability ☐ Development Disability

☐ Learning Disability

☐ Prefer Not To Answer

☐ Physical/Chronic Health Condition

☐ Physical/Mobility Impairment

☐ Mental or Psychiatric Disability

☐ Vision-related disability

☐ Hearing related disability

☐ Learning Disability

☐ Cognitive/Intellectual disability

Received services funded by the State Developmental Disabilities Agency (SDDA):

Received services funded by a local or state mental health agency (LSMHA):

Received services funded via a state Medicaid HCBS waiver:

Does the participant have a Section 504 plan:

Does the participant have an Individualized Education Program/Special Education Service:

Type of Disability Work Setting:

Type of Customized Employment Services (CES) Received:

Type of Financial Services Received:

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Veterans Information

Veteran Status: ☐ Not a Veteran ☐ Veteran ☐ Qualified Spouse ☐ Transitioning Service Member

The rest of this section applies only to Veterans and Qualified Spouses

If Yes, List Branch of Service:

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Navy
- ☐ U.S. Marines

Date of Service From: _____ To: _____

Nature of Military Discharge:

- ☐ Honorable ☐ Dishonorable
- ☐ Less than Honorable ☐ Service Connected Disability

Service Connected Disability:

- ☐ No
- ☐ Disabled Vet
- ☐ Special Disabled Vet

Armed Forces Campaign or Expeditionary Medal?

_____ (Yes or No)

U.S. Citizen?

_____ (Yes or No)

Did the Veteran or Qualified Spouse receive a priority of service?

_____ (Yes or No)

Did the Veteran or Qualified Spouse attend a Transitional Assistance Program (TAP) in the last 3 years?

_____ (Yes or No)

Has acceptable documentation been used and retained when Veteran or Qualified Spouse of a Veteran or Transitioning Service Member is claimed?

_____ (Yes or No)

Most Recent Date received services from DVOP Specialist:

1/1/1900

Referred to Department of Veterans Affairs (VA) Services?

Date Referred to Department of Veterans Affairs (VA) Vocational Rehabilitation/Employment Program:

1/1/1900

Referred to Jobs for Veterans State Grants (JVSG) Services?

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Concurrent Programs

Adult Education	_____	(Yes or No)
Job Corps	_____	(Yes or No)
Farmworker Program	_____	(Yes or No)
Native American Program	_____	(Yes or No)
Veteran's Workforce Investment Pgms	_____	(Yes or No)
Trade Adjustment Act	_____	(Yes or No)
NAFTA-TAA	_____	(Yes or No)
Vocational Education	_____	(Yes or No)
Vocational Rehabilitation	_____	(Yes or No)
Wagner-Peyser	_____	(Yes or No)
Title V Activities (OAA)	_____	(Yes or No)
Comm Svc Blk Grant Program	_____	(Yes or No)
HUD Program	_____	(Yes or No)
Other non-WIOA program	_____	(Yes or No)
Veteran's DVOP/LVER	_____	(Yes or No)
Vocational Rehabilitation + Education	_____	(Yes or No)
Both Vocational Rehabilitation and Vocational Rehabilitation + Education	_____	(Yes or No)
Youth Build	_____	(Yes or No)
Senior Community Service Employment Program	_____	(Yes or No)

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Characteristics and Barriers

Drug/Alcohol Dependency?	_____ (Yes or No)	Offender - Misdemeanor?	_____ (Yes or No)
An English Language Learner?	_____ (Yes or No)	Homeless?	_____ (Yes or No)
Language of Preference:		Single Parent?	_____ (Yes or No)
Other Language :		Facing Substantial Cultural Barriers?	_____ (Yes or No)
Offender - Felon?	_____ (Yes or No)	Foster Child?	_____ (Yes or No)
		Youth Aged Out of Foster Care?	_____ (Yes or No)

Youth Barriers (If Applicable)

Enroll Under 5% Window?	_____ (Yes or No)	Within age of Compulsory School Attendance, but not attending School this quarter?	_____ (Yes or No)
Pregnant / Parenting Youth?	_____ (Yes or No)	Subject to Juvenile or Adult Justice System?	_____ (Yes or No)
Runaway Youth?	_____ (Yes or No)	Eligible to Receive Free or Reduced Price Lunch?	_____ (Yes or No)
Youth Needing Assistance?	_____ (Yes or No)	A Youth who lives in a high poverty area as determined by the census tract?	_____ (Yes or No)
Incarcerated at Program Entry?	_____ (Yes or No)		
Date Released from Incarceration?	1/1/1900 _____		

Education Status

Highest Grade Completed:

_____ 0	_____ 4	_____ H.S. Freshman	_____ Cert. Attend/Compltn	_____ Associate Degree
_____ 1	_____ 5	_____ H.S. Sophomore	_____ Other Post Secondary	_____ Bachelors Degree
_____ 2	_____ 6	_____ H.S. Junior	_____ College Freshman	_____ Masters
_____ 3	_____ 7	_____ H.S. Senior-No Dipl	_____ College Sophomore	_____ Doctorate
	_____ 8	_____ H.S. Senior-withDipl	_____ College Junior	
		_____ GED		

Pell Grant Recipient?	_____ (Yes or No)	Pursuing Diploma/Certificate?	_____ (Yes or No)
If Yes, Amount:	_____	Attending School?	_____ (Yes or No)
		Full-Time Attending School?	_____ (Yes or No)
		Attending Alternative School?	_____ (Yes or No)
		High School Dropout?	_____ (Yes or No)

The following are determined by IWDS:

Behind Grade Level?	_____	(Yes or No)
Basic Skills Deficient?	_____	(Yes or No)
Youth In/Out School?	_____	(In School, Out School, or NA)

Based on a completed Basic Skills Screening Tool, does the client meet Basic Skills Deficient Criteria? _____ (Yes or No)

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Credentials

Credential:

___ H.S. Diploma / Equivalency / G.E.D.

Institution: _____

Source:

Date Attained: _____

- ___ Copy of Certificate
- ___ Copy of Credential
- ___ Copy of Degree
- ___ Copy of Diploma
- ___ Copy of Graduation List
- ___ Written verification or transcript from training institution

___ A.A. or A.S. Diploma / Degree

Institution: _____

Source:

Date Attained: _____

- ___ Copy of Certificate
- ___ Copy of Credential
- ___ Copy of Degree
- ___ Copy of Diploma
- ___ Copy of Graduation List
- ___ Written verification or transcript from training institution

___ B.A. or B.S. Diploma / Degree

Institution: _____

Source:

Date Attained: _____

- ___ Copy of Certificate
- ___ Copy of Credential
- ___ Copy of Degree
- ___ Copy of Diploma
- ___ Copy of Graduation List
- ___ Written verification or transcript from training institution

___ Occupational Skills License

Institution: _____

Source:

Date Attained: _____

- ___ Copy of Certificate
- ___ Copy of Credential
- ___ Copy of Degree
- ___ Copy of Diploma
- ___ Copy of Graduation List
- ___ Written verification or transcript from training institution

___ Occupational Skills Certificate or Credential

Institution: _____

Source:

Date Attained: _____

- ___ Copy of Certificate
- ___ Copy of Credential
- ___ Copy of Degree
- ___ Copy of Diploma
- ___ Copy of Graduation List
- ___ Written verification or transcript from training institution

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☐ Other Recognized Diploma, Degree, or Certificate	Institution: _____ Source: _____ ☐ Copy of Certificate ☐ Copy of Credential ☐ Copy of Degree ☐ Copy of Diploma ☐ Copy of Graduation List ☐ Written verification or transcript from training institution	Date Attained: _____ _____
☐ Other Advanced Educational Degree or Occupational Certification	Institution: _____ Source: _____ ☐ Copy of Certificate ☐ Copy of Credential ☐ Copy of Degree ☐ Copy of Diploma ☐ Copy of Graduation List ☐ Written verification or transcript from training institution	Date Attained: _____ _____
☐ Occupational Certification	Institution: _____ Source: _____ ☐ Copy of Certificate ☐ Copy of Credential ☐ Copy of Degree ☐ Copy of Diploma ☐ Copy of Graduation List ☐ Written verification or transcript from training institution	Date Attained: _____ _____
☐ Graduate/Post Graduate	Institution: _____ Source: _____ ☐ Copy of Certificate ☐ Copy of Credential ☐ Copy of Degree ☐ Copy of Diploma ☐ Copy of Graduation List ☐ Written verification or transcript from training institution	Date Attained: _____ _____

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Employment Characteristics

Labor Force Status:

- ☐ Unemployed
☐ Employed
☐ Not in Labor Force
☐ Employed-Recd Notice of Layoff/Mil Sep

Unemployed Insurance Status:

- ☐ Receiving Benefits
☐ Eligible, but not receiving benefits
☐ Exhausted Benefits
☐ Not Eligible/Not Determined

Tenure? ☐ (Yes or No)

Under-employed? ☐ (Yes or No)

UI Profilee Date:

UI Profilee Eligible? ☒ (Yes or No)

Migrant Status? ☐ (Yes or No)

Primarily Employed in Farm Work?

- ☐ At least 50% income earned
☐ At least 50% work time
☐ Both of Above
☐ No

Minimum Threshold of Farm Work Performed?

- ☐ At least 25 days worked
☐ At least \$800 earned
☐ Both of Above
☐ No

Type of Qualifying Farm Work:

- ☐ Agricultural Production and Services
☐ Food Processing Establishments

Dislocated Worker Characteristics

Requires additional assistance? ☐ (Yes or No)

Completed one month of job search? ☐ (Yes or No)

Unemployed at least six months
prior to application? ☐ (Yes or No)

Displaced Homemaker? ☐ (Yes or No)

Received Disaster Relief Assistance? ☐ (Yes or No)

Spouse of Active Duty Service Member ☐ (Yes or No)

Has experienced a loss of employment as a direct result of relocation to accommodate
a permanent change of duty station; ☐ (Yes or No)

Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading
employment: ☐ (Yes or No)

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Work History

Employer Name: _____

Employment Status:

- | | |
|---|-----------------------------------|
| ☐ Still Employed | ☐ Fired |
| ☐ Still Employed, Layoff Pending | ☐ Quit |
| ☐ Labor Dispute | ☐ Laid Off |
| ☐ Entered Employment | ☐ Recalled |
| | ☐ Other |

Job Title: _____

Wages: _____

Wages Per: ☐ Day ☐ Hour ☐ Week ☐ Month ☐ Year

Hrs per week: _____

Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Name: _____ Contact Phone: _____ ext: _____

Job Duties: _____

Primary Occupation? ☐ (Yes or No)

Dislocation? ☐ (Yes or No)

Self-Employed? ☐ (Yes or No)

Family Member/Farmhand? ☐ (Yes or No)

Layoff Reason

- ☐ Lack of Work at Employer
- ☐ Plant Closure
- ☐ Substantial Layoff
- ☐ In Process of Going Out of Business
- ☐ Flood or Other Natural Disaster

- ☐ General Economic Conditions
- ☐ Clean Air Act
- ☐ Defense Reductions
- ☐ Trade Impact Employment
- ☐ Qualifying Federal Dislocation Event
- ☐ Opioid Crisis

Date Notified of Layoff: _____

Received Severance Pay: _____

DETS ID: _____

TAA Petition: _____

NAFTA Petition: _____

Received Rapid Response? ☐ (Yes or No)

Date Last Received Rapid Response Services: _____

ATAA/RTAA Employment? ☐ (Yes or No)

NAICS Code: _____ Declining? ☐ (Determined by IWDS based on NAICS Code)

NAICS Description: _____

O*Net Code: _____ Low Growth? ☐ (Determined by IWDS based on O*Net Code)

O*Net Description: _____

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Public Assistance

Transitional Assistance?	_____ (Yes or No)	On Food Stamps?	_____ (Yes or No)
Refugee Help?	_____ (Yes or No)	TANF?	_____ (Yes or No)
SSI?	_____ (Yes or No)	DHS Case Number:	_____
SSDI?	_____ (Yes or No)	Months Received TANF in Prior 60 Months?	_____
Long-Term Unemployed at Program Entry?		Exhausting TANF Within 2 Years?	
Ticket to Work Holder?		Employment and Training Services Related to SNAP?	
Most Recent Date Referred to Other Federal/State Assistance:	<u>1/1/1900</u>		

Family Characteristics

Family Type:		Family Size:	_____
___ Not a Family Member		Dependents Less than 18 Years:	_____
___ Not Reported		Family of 1 Due to Disability?	_____ (Yes or No)
___ Other Family Member			
___ Parent in One-Parent Family			
___ Parent in Two-Parent Family			
___ Family of 2 - No Children			

Name(s) of Family Member(s)	Relationship	Age	Dependent	Has Income?
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)

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Income Calculation

Month	1	2	3	4	5	6	Row Total
Wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Self-Employed Wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pension	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Annuity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alimony	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UI Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The following are determined by IWDS:

Average Monthly Income: **\$0.00** Average Annual Income: **\$0.00** Total Income for Prior 6 Months: **\$0.00**

Income and Expenses

INCOME		EXPENSES	
		Rent/Mortgage:	
Wages:		Utilities:	
Self-Employed Wages:		Installment Payments:	
Spouse Wages:		Savings:	
Pension:		Insurance:	
Insurance Annuity:		Support Payments:	
Alimony:		Transportation:	
Allowance:		Food:	
Social Security:		Clothing:	
Public Assistance:		Household Supplies:	
Unemployment:		Medical/Dental:	
Other:		Miscellaneous:	
Income Total:		Expense Total:	

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WIOA Training Criteria (If Applicable)

Training Services:

Has an assessment been completed? _____ (Yes or No)

Who completed the assessment?

_____ Core Partner _____ LWIA _____ Other 3rd Party Provider _____ Training Service Provider

Has an Individual Employment Plan (IEP) been completed? _____ (Yes or No)

Who completed the assessment?

_____ Core Partner _____ LWIA _____ Other 3rd Party Provider _____ Training Service Provider

Meets Qualifications for Selected Training Program? _____ (Yes or No)

Selected Training Program is in Demand? _____ (Yes or No)

Other Grant Sources are Unavailable? _____ (Yes or No)

Most Recent NRP Information (If Applicable)

NRP Period Dates: _____ NRP Start Date: _____ NRP End Date: _____

NRP Characteristics: NRP Labor Force Status: NRP Unemployed Insurance Status:

☐ Unemployed ☐ Receiving Benefits
☐ Employed ☐ Eligible, but not receiving benefits
☐ Not in Labor Force ☐ Exhausted Benefits
☐ Employed-Recd Notice of Layoff/Mil Sep ☐ Not Eligible/Not Determined

Meets Enrollment Deadline? _____ (Yes or No)

Making Satisfactory Progress? _____ (Yes or No)

Receiving No Other Allowances? _____ (Yes or No)

NRP Income Calculation (If Applicable)

Month	1	2	3	Row Total
Wages	\$0.00	\$0.00	\$0.00	\$0.00
Self-Employed Wages	\$0.00	\$0.00	\$0.00	\$0.00
Pension	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Annuity	\$0.00	\$0.00	\$0.00	\$0.00
Alimony	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
UI Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

The following are determined by IWDS:

Average Monthly Income: **\$0.00** Average Annual Income: **\$0.00**

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TAA Training Criteria (If Applicable)

There is no suitable employment (which may include technical and professional employment) available for any adversely affected worker? _____ (Yes or No)

The worker would benefit from appropriate training? _____ (Yes or No)

There is a reasonable expectation of employment following completion of such training? _____ (Yes or No)

Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (which may include area vocational schools, as defined in Section 195(2) of the Vocational Education Act of 1963 for employers)? _____ (Yes or No)

The worker is qualified to undertake and complete such training? _____ (Yes or No)

Such training is suitable for the worker and available at a reasonable cost? _____ (Yes or No)

Has participated in ATAA? _____ (Yes or No)

TAA Additional Info (If Applicable)

ATAA Certified?	_____ (Yes or No)	Petition Expiration Date:	_____
Certification/Decision Date:	_____	Date BRO was signed:	_____
Participated in ATAA?	_____ (Yes or No)	Separation Date:	_____
Petition Impact Date:	_____	Meets TRA 8/16 Requirement?	_____ (Yes or No)
Was Rapid Response Provided?	_____ (Yes or No)	Meets 210 Day Requirement?	_____ (Yes or No)
State Funding TAA Training: _____	Is Illinois Responsible for Payment of UI/TRA Benefits?		
	_____ N/A, Customer Not Eligible		
	_____ N/A, Customer Not Receiving Benefits		
	_____ Yes, Illinois Responsible		
	_____ No, Another State Responsible		

Customer Eligibility

<u>Title/Program</u>	<u>Eligibility Date</u>	<u>Certification Date</u>
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I have reviewed the eligibility criteria for these Titles, along with all the required documents, and certify that this customer is eligible as designated.

Signature of Career Planner: _____	Initial Eligibility Determination Date: _____
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Signatures

NOTICE OF CERTIFICATION: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the Workforce Innovation and Opportunity Act (WIOA) post-termination follow-up program. I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from the Workforce Innovation and Opportunity Act program. I further certify that I have been informed of my rights to file a complaint.

I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my legal right to file a complaint.

Signature of Customer or Representative: _____ Date: _____

Signature of Parent or Guardian:
(if customer is under age 18) _____ Date: _____

Name of Parent or Guardian:
(if customer is under age 18) _____ Date: _____

APPEAL RIGHTS

If you disagree with this determination, you may request a reconsideration/appeal in person, by mail, or by fax. Your request must be filed at the Illinois Department of Commerce Office of Employment and Training policy office within thirty (30) days after the date this notice was given or mailed to you. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If the last day for filing your request is a day that the office is closed, the request may be filed on the next day the office is open. A letter will suffice if you do not have a form. If additional information or assistance regarding the appeals process is needed, please contact the Illinois Department of Commerce Office of Employment and Training at 500 E. Monroe St, Springfield, IL, 62701 or by fax at (217)558-2444.

STAFF USE ONLY

Career Planner Signature: _____ Date: _____