

A. PERSONAL INFORMATION

1. SOCIAL SECURITY NUMBER 2. LAST NAME 3. FIRST NAME 4. MI

B. PROGRAM-APPLICATION/ELIGIBILITY CRITERIA

5. APPLICATION DATE (MM/DD/YYYY) 6. ASSIGN TO AGENCY LOCATION 7. ASSIGNED TO AGENCY STAFF 8. DATE OF BIRTH 9. AGE 10. GENDER (MALE / FEMALE) 11. CITIZEN / RIGHT TO WORK: CITIZEN RIGHT TO WORK NO 12. SELECTIVE SERVICE REGISTRATION: N / A NOT REGISTERED REGISTERED 13. SSI RECIPIENT (YES / NO) 14. TANF / MFIP (YES / NO) 15. REFUGEE ASSISTANCE RECIPIENT (YES / NO) 16. GENERAL ASSISTANCE RECIPIENT (YES / NO) 17. FOOD STAMPS RECIPIENT (YES / NO) 18. ELIGIBLE FAMILY SIZE 19. ACTUAL FAMILY SIZE 20. POVERTY GUIDELINE INCOME LIMIT \$ 21. 100% LLSIL INCOME LIMIT \$ 22. ANNUAL FAMILY INCOME \$ 23. ECONOMICALLY DISADVANTAGED (YES / NO) 24. HOMELESS (YES / NO) 25. FOSTER CHILD (YES / NO) 26. 5% PARTICIPANT (YES / NO) 27. DISABILITY STATUS: NOT DISABLED YES, AND DISABILITY IS AN EMPLOYMENT BARRIER YES, DISABILITY IS NOT AN EMPLOYMENT BARRIER 28. EDUCATION STATUS AT TIME OF APPLICATION: NOT ATTENDING, H.S. DROPOUT NOT ATTENDING, H.S. GRADUATE STUDENT; ATTENDING POST H.S. STUDENT; H.S. OR LESS 29. HIGHEST LEVEL OF EDUCATION: 1st-11th GRADE COMPLETED-SPECIFY 12th GRADE COMPLETED, NO DIPLOMA 1 YEAR COLLEGE/TECHNICAL/VOCATIONAL 2 YEARS COLLEGE/TECHNICAL/VOCATIONAL 3 YEARS COLLEGE/TECHNICAL/VOCATIONAL HIGH SCHOOL DIPLOMA GED BACHELOR DEGREE OR EQUIVALENT EDUCATION BEYOND BACHELORS DEGREE NO EDUCATION GRADES COMPLETED

B. ELIGIBILITY CRITERIA-CONTINUED

30. ENGLISH READING SKILLS GRADE LEVEL 31. MATH SKILLS GRADE LEVEL 32. LIMITED ENGLISH LANGUAGE PROFICIENCY (YES / NO) 33. LOW EDUCATIONAL ATTAINMENT (YES / NO) 34. WIA BASIC SKILLS DEFICIENT (YES / NO) 35. BASIC SKILLS DEFICIENT (LOCALLY DEFINED) (YES / NO) 36. PARENTING / PREGNANT YOUTH (YES / NO) 37. RUNAWAY YOUTH (YES / NO) 38. OFFENDER STATUS (YES / NO) 39. WIA AT RISK YOUTH (YES / NO) 40. WSA BARRIER (YES / NO) 41. MEETS LOCAL PRIORITY OF SERVICE JUSTIFICATION FOR MEETING LOCAL PRIORITY OF SERVICE: 42. RACE: ASIAN BLACK OR AFRICAN AMERICAN NATIVE INDIAN OR ALASKA NATIVE HAWAIIAN NATIVE OR OTHER PACIFIC ISLANDER WHITE 43. ETHNICITY - HISPANIC OR LATINO: A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURAL IN ORIGIN, REGARDLESS OR NOT A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURAL IN ORIGIN, REGARDLESS OR RACE. 44. FAMILY STATUS: NOT A FAMILY MEMBER OTHER FAMILY MEMBER PARENT IN ONE PARENT FAMILY PARENT IN TWO PARENT FAMILY 45. LABOR FORCE STATUS: EMPLOYED FULL TIME EMPLOYED PART TIME PREVIOUSLY SELF-EMPLOYED - FARM NOT EMPLOYED AND PREVIOUSLY NOT SELF-EMPLOYED PREVIOUSLY SELF-EMPLOYED - NONFARM

CERTIFICATION STATEMENT

I CERTIFY THAT THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE INFORMATION I HAVE PROVIDED IS SUBJECT TO REVIEW AND VERIFICATION AND I MAY HAVE TO PROVIDE DOCUMENTS TO SUPPORT THIS APPLICATION. I AM ALSO AWARE THAT I AM SUBJECT TO IMMEDIATE TERMINATION IF I AM FOUND INELIGIBLE AFTER ENROLLMENT AND MAY BE PROSECUTED FOR PERJURY. I ALLOW RELEASE OF THIS INFORMATION FOR VERIFICATION PURPOSES IN ACCORDANCE WITH THE "USE OF DATA" STATEMENT.

D. ENROLLMENT-CONTINUED

46. VETERAN STATUS (YES / NO) 47. VETERAN STATUS (YES / NO) 48. ACTIVE DUTY START DATE: (MM/DD/YYYY) 49. ACTIVE DUTY END DATE: (MM/DD/YYYY) 50. ACTIVE DUTY START DATE 2: (MM/DD/YYYY) 51. ACTIVE DUTY END DATE 2: (MM/DD/YYYY) 52. VETERAN TYPE: CAMPAIGN BADGE ELIGIBLE N/A OTHER ELIGIBLE VIETNAM VETERAN 53. SERVICE RELATED DISABILITY YES YES, SPECIAL DISABILITY NO 54. SELECTIVE SERVICE NUMBER 55. WPRS REFERRAL (YES / NO) 56. NO SIGNIFICANT WORK HISTORY (YES / NO) 57. UI BENEFIT STATUS: ELIGIBLE-NOT CLAIMANT ELIGIBLE-CLAIMANT EXHAUSTED INELIGIBLE LABOR FORCE ATTACHMENT NOT ELIGIBLE 58. RECOVERING CHEMICALLY DEPENDENT (YES / NO) 59. PELL GRANT STATUS: APPROVE DENIED PENDING NOT APPLICABLE 60. NUMBER OF WKS UNEMPLOYED OUT OF THE LAST 26 61. DEPENDENTS UNDER 18 62. HOURLY WAGE OF LAST JOB \$ 63. PREVIOUS OCCUPATIONAL TITLE (onet) 64. DOES PERSON HAVE IEP? (YES / NO) 65. PERSON HAS GIVEN CONSENT FOR WAGE DETAIL? (YES / NO) 66. ENROLLMENT DATE: (MM/DD/YYYY)

STAFF SIGNATURE

DATE

APPLICANT SIGNATURE

DATE