

Received:	YOUTH APPLICATION Local Workforce Investment Area 12
-----------	---

I am applying for (Check One):

<input type="checkbox"/> Peer Tutoring Programs	<input type="checkbox"/> Dual Enrollment Assistance	<input type="checkbox"/> Summer Work Experience
<input type="checkbox"/> Career Exploration Experience	<input type="checkbox"/> Unmet Need Scholarship	<input type="checkbox"/> JTG
<input type="checkbox"/> Adult Basic Education/ GED Class	<input type="checkbox"/> GED Bonus Program	<input type="checkbox"/> Other:

Name: _____ SSN: _____
(Last, First, MI)

Address: _____ Current Address: Y N
(Street Address, City, State, Zip) (Circle One): Temporary Permanent

County: _____ Primary Phone: _____

Other Phone: _____ E-Mail Address: _____

DOB: _____ Gender: M F Veteran: Y N

Secondary Contact Name: _____ Relationship: _____

Phone: _____

Selective Service: Y N Selective Service # _____
(If age 18 or above, please indicate if you have registered for the Selective Service)

<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Black/African (Non-Hispanic)	<input type="checkbox"/> Native Hawaiian/ Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/ Latin	<input type="checkbox"/> White (Non-Hispanic)

LIST EVERYONE living in the household, including student, and approximate monthly income for each person.					Office use
Name	Relationship	Age	Income Source (List Employer)	Est. Monthly Income	Income Considered
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
Total Income Considered					

Student Employment Details	Employed: Yes No
Current or Last Employer: _____	
Employer Address _____	

For additional or multiple employers or to document earnings for the last 6 months use Supplemental Employment Details Form

Student Social Indicators: (Circle all that apply)	Student Education Details				
Homeless Runaway	Y	N	Circle Highest Grade Completed:		
Individual Disability	Y	N	8	9	10
<i>Specify:</i>			13	14	15
Low Income	Y	N	Degree/Certificate Completion Year: _____		
Offender	Y	N	School Now Attending		
Single Parent Youth	Y	N	Assistance Received in the last 6 months?		
Pregnant/Parenting	Y	N			
Youth in and aging out of foster care	Y	N			
Migrant Youth	Y	N			
Youth of Incarcerated parents	Y	N	Food Stamps:	Yes	No
			TANF:	Yes	No

Declarations, Rights and Responsibilities

I understand my signature on this form is a declaration that information I have provided is true and correct. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf. _____ (initial)

I understand my application will be processed within 45 days and I will receive a written notice outlining the level of service for which I have been approved. _____ (initial)

I also understand if my application is denied I will be notified in writing as to the denial. _____ (initial)

I understand I have the right to complain if I feel I have been discriminated against, mistreated, or disagree with the decisions made that affect me. I understand that those complaints are handled through the *WIA NON-DISCRIMINATORY GRIEVANCE AND COMPLAINT PROCEDURES*. Should my complaint be of discrimination, I understand I may alternatively contact the Directorate of Civil Rights at the U.S. Department of Labor, or the Civil Rights Manager at the regional office of the U.S. Department of Health and Human Services, as appropriate. I may follow either procedure (local or Federal), but cannot follow both simultaneously. I know that the EO Officer is located at the Workforce Development Office, 313 West Cedar Street in Dyersburg, and I will be provided all necessary information to assist me in exercising my rights under the Civil Rights Act, civil rights provision under program-specific laws, and in proceeding with complaints regarding non-civil rights issues. _____ (initial)

I understand that it is my right and responsibility to notify my WIA case manager if I require assistance in completing my application because of physical or mental disability, inability to speak English, or other difficulties. _____(initial)

If I am an adult male (over age 18) at the time of this application, and I am not currently registered with the Selective Service, I authorize the WIA Case Manager to register me for the Selective Service using my personal information provided in this application. _____ (initial)

If I am currently receiving food stamps or TANF benefits from the Department of Human Services, or have received benefits within the last 6 months, I authorize DHS to release this information to WIA for the purposes of determining eligibility. _____ (initial)

I attest that I am the parent or legal guardian for the below signed youth. _____ (initial)

My signature on this form indicates I have read the statements presented or had them explained to me. I have been given the opportunity to ask questions and gain clarification on any issues I did not understand. _____(initial)

Release of Information

I authorize the release of information to the Northwest Tennessee Workforce Board Staff as necessary to determine my eligibility for the Workforce Investment Act Programs and related services and to determine progress, completion, and credentials attained; further, the release of information by staff necessary to secure related services, assistance on my behalf, and share information with other programs from which I receive or have received services. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant's Signature: _____ Date _____

Parent's Signature
(If Applicant is under age 18): _____ Date _____

Disposition of the Application

- | | |
|--|--|
| <input type="checkbox"/> Recommend Approval

<input type="checkbox"/> Application Approved
(Enter earliest date of eligibility) | <input type="checkbox"/> Recommend Denial

<input type="checkbox"/> Application Denied |
|--|--|

WIA Case Manager's Signature _____ Date _____