

**COLUMBIA GREENE WORKFORCE NEW YORK CAREER CENTER
APPLICATION FOR WIOA TITLE IB FINANCIAL AID**

NAME: _____

PHONE #: _____

Appointment Date:		Appointment Time:	
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This application needs to be completed by any individual interested in receiving any service that is based on specific eligibility criteria. Please answer all the required questions on this form, and bring it with you to your scheduled appointment listed above. **You do not need to answer those questions that are identified as FOR OFFICE USE ONLY and/or are in shaded boxes.**

Documentation Needed for Eligibility Determination

Applicant Must Furnish Verification for ONLY the Issues Checked Below:	Acceptable Documents Needed for Verification	Documentation Provided (For Office Use Only)	Date Completed
Birthdays and Age			
Address			
Alien/Citizenship			
PA Eligibility			
Food Stamps			
Handicap/Income			
Veteran Status			
Selective Service			
Number in Family			
Family Income			
Dislocated Worker Status			

Basis for "Adult" Income Eligibility Determination

Initial eligibility for WIOA Title IB financial aid is based on either your family's income, your income as it relates to the local WIOA self-sufficiency level, and/or on your employment status in relation to meeting the definition of a dislocated worker. Please answer the questions below.

Fill in the section below for all the people you have lived with in the last six months who are related to you by blood, marriage, or adoption. List all income for the past six months for yourself and all family members.

Name of Family Member	Age	Relationship	Wages/ Interest Income (per week/month?)	Gross Income	Annualized Income (Office Use Only)
Applicant		Self			
Total Family Income					
Applicant Self-Sufficiency Income Per Hour					

Basis of Dislocated Worker Eligibility Determination

(See Attached DW Certification form for Details)

Laid-Off	Plant Closing	No Longer Self-Employed	Displaced Homemaker	Spouse of Armed Service Member

RESULTS OF PROGRAM INITIAL ELIGIBILITY DETERMINATION

For Office Use Only (Check all programs for which eligibility has been determined)	Adult-70% LLSIL	Adult-Self Sufficiency Level	Dislocated Worker	TAA	Other (Explain):

For Office Use Only (Check Identified Priority of Service Qualifications)	P. A. Recipient	Low Income Individual	Basic Skills Deficient	Veteran	Resident (WDB)

For Office Use Only	Verification 30 Day Review: I verify that all required documentation necessary for eligibility determination is complete and accurate.	Staff Signature	Date

JOB SEARCH ACTIVITIES

Before financial aid can be approved we must determine that you are unable to find employment without additional assistance. Please answer the following questions to the best of your ability.

1. Please list the type of employment you have been seeking (job titles and/or occupational areas):

2. What was the start date of your current job search? _____

3. How many jobs have you applied to since the start of your job search (this includes only those jobs for which you have submitted a resume or application)?

4. How many job interviews have you had? _____

5. Have you had any job offers that you did not accept? _____

If yes, please explain why you did not accept the job(s)

6. Have you participated in any Career Center job search services? Yes No
Please Explain.

LIFE CIRCUMSTANCES

As part of the process for approval of additional services we need to have a clear understanding of the circumstances you are facing in your life right now. We are asking you to answer these questions so we can help determine what services you will need to reach your employment goal. Please answer the following questions to the best of your ability. Thank-you.

FAMILY SITUATION:

1. Are there any other adults in your household that are working or going to school? yes no
2. If you have children in the home, do they need childcare when you are not home? yes no
Do you have child care arranged for them? yes no

MEDICAL SITUATION:

3. Do you have any medical conditions (including pregnancy) or health concerns that limit the type of work you are able to do? yes no
If yes, please explain.
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4. Do any members of your family have any medical problem that impacts your ability to work? yes no
5. Have alcohol or drugs ever impacted your ability to find or keep a job? yes no

LEGAL ISSUES:

6. Have you ever been convicted of a felony or misdemeanor? yes no
Please explain.
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7. Are you currently on probation or parole? yes no
8. Are you involved in any family court cases at this time? yes no
Are you responsible for making child support payments? yes no

TRANSPORTATION:

9. Do you have a driver's license? yes no
10. Do you own a car or have access to one on a regular basis? yes no

BUDGETARY CONCERNS:

11. How will you support yourself while receiving this service or while in training?
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PROGRAM SERVICE BEING REQUESTED

Listed below are the services available that require WIOA Title IB financial aid. Please answer ONLY the questions related to the service that is checked.

On-The-Job Training: This program works with local employers to hire and train you on the job in any non-licensed, skilled or semiskilled position that is locally In-Demand. The jobs must be full-time and permanent. During the training period, we reimburse the employer 50% of your starting salary.

1. Please explain what skills you will be able to bring to an employer in this occupation and what skills you will need to learn on the job.

2. List all other occupations you may consider as on-the-job training possibilities.

Occupational (Classroom) Training: Individual Training Account (ITA's) vouchers can be issued for training in occupations that are considered in-demand in our local area or your place of relocation.

1. Name of Occupation: _____ Mean hourly wage? _____

2. If this occupation is related to previous employment or education, explain why this training is necessary and how it will help you reach your employment goal.

3. If this occupation is not related to previous employment or education, explain why you chose this occupation and how you know you will be able to reach your employment goal with this training.

Transitional Jobs: This program provides you with an internship in an entry level, minimum wage job combined with classroom instruction in foundational employment skills.

1. List type of job you would prefer: _____

2. Please list the personal and work strengths you have that will help you be successful and will result in your employer offering you a permanent position.

Skill Upgrading: This program provides you with tuition assistance for classes that will update your skills and improve your chances in obtaining new employment.

1. Please explain the course(s) you want to take and why they are necessary in order for you to reach your occupational goal.
