



Ohio Department of Job and Family Services  
**WIOA YOUTH PROGRAM ELIGIBILITY APPLICATION**

Applicant Name ( <i>First, MI, Last</i> )		SSN	
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####		Alt Phone Number (###) ### - ####	
Additional Contact		Contact Person's Phone Name (###) ### - ####	
Applicant Email Address			
<b>Demographic Information</b>		<b>Individual Information</b>	
<b>1. What is your date of birth?</b> _____  <b>2. What is your gender?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>3. What is your ethnicity?</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>4. What is your race? (check all that apply)</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian Islander or Other Pacific Islander <input type="checkbox"/> Other _____  <b>5. What is your native or primary language?</b> _____  <b>6. If you are a male over 18 years old, have you registered Selective Service</b> <input type="checkbox"/> Yes SSR #: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A  <b>7. Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Documented <input type="checkbox"/> Undocumented <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other _____		<b>1. Have you been or are you a member of a family who received public cash or food assistance in the last 6 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>2. Do you have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ADA Major Life Activity Impairment <input type="checkbox"/> ADA and Employment Impediment  <b>3. Are you pregnant or do you have any minor children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>4. If English is not your native or primary language, do you need help learning to speak/write/use English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>5. Are you homeless or a runaway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>6. Are you in foster care or were you previously in foster care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>7. Are you involved or were you involved in the juvenile court or adult justice system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Educational Information</b>			
<b>1. What is the education Level?</b> <input type="checkbox"/> College degree (Associate, Bachelor, or other) <input type="checkbox"/> Some post high school education, no degree <input type="checkbox"/> Obtained GED or equivalent <input type="checkbox"/> High school graduate <input type="checkbox"/> Completed 12 <sup>th</sup> grade, but did not receive a diploma  <b>2. What is your education status?</b> <input type="checkbox"/> I am not a student <input type="checkbox"/> I am a student at a college or other post-high school training program <input type="checkbox"/> I am a student in a GED program <input type="checkbox"/> I am a high school student, at grade level <input type="checkbox"/> I am a high school student, behind grade level <input type="checkbox"/> I am not attending high school			

**Income Verification:**

1. Who lives in your household? What is their relationship to you? What is their income (within the past 6 months)? Please include yourself.

Name	Relationship	Income

2. Please answer the following questions. Did you answer "Yes" to any of the questions below? (You must complete this section regardless of your age)       YES       NO

Do you provide more than 50% of your own support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you married or separated but not divorced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you live in your own residence or in a residence without support from a parent(s) or a guardian(s)?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO

\*If you are independent of a parent or guardian, only your income will be used to determine WIOA youth eligibility.

**TANF Eligibility**

1. Are you currently receiving cash or food assistance?       YES       NO

*(If you are not currently receiving cash or food assistance, you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF eligibility.)*

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size?  YES  NO

200% of Federal Poverty Guidelines (2016)	
Household Size	Monthly
1	\$1,980
2	\$2,670
3	\$3,360
4	\$4,050
5	\$4,750
6	\$5,430
7	\$6,122
8	\$6,815
9	\$7,509
10	\$8,202

3. Do you have a child under age 18?  YES  NO
4. Have you been given the opportunity to register to vote?  YES  NO
5. Are you currently repaying fraudulent public assistance (cash or food)?  YES  NO

**Disclosure of Relationship**

Do you have a business or personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?

YES If yes, provide name: \_\_\_\_\_  NO

## Acknowledgement

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law.

If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

**Parent/Guardian Signature:** (Required if applicant is under age 18)

Parent/Guardian Signature <i>(If applicant is under age 18)</i>	Date
Applicant Signature	Date

### To be completed by eligibility staff person only:

#### Eligibility Determination:

- Is the individual attending school?     Yes         No
- Does the individual have a barrier to employment?     Yes         No
- Is the individual authorized to work in the United States?     Yes         No
- If the individual is a male over age 18, has he registered for Selective Service?     Yes         No
- Is the household's monthly income under 200% of the Federal Poverty Guidelines?     Yes         No
- Does the individual have a child under age 18?     Yes         No
- Does the individual owe any fraudulent TANF assistance paid to the individual?     Yes         No

#### Eligibility Decision:

- WIOA In-school Youth Program eligible
- Ineligible for WIOA In-school Youth Program but meets the 5% low-income exception – will be served through the In-school Youth Program
- WIOA Out-of-school Youth Program eligible
- Ineligible for WIOA Out-of-school youth program but meets the 5% low-income exception – will be served through the Out-of-school Youth Program
- TANF Funding Eligible
- Ineligible for both WIOA In-school and Out-of-school Youth Programs
- Ineligible for TANF Funding

Signature of Eligibility Staff

Date of WIOA Youth Program and TANF Eligibility Determination