

OEWD APPLICATION



Agency	Funding source (Staff Use Only)	If WIOA, specify (Staff Use Only)	Application date (Staff Use Only) Date all docs have been collected & eligibility determined by provider.	Application Number
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Contact Information

1 First name	2 M.I.	3 Last name		4 Social Security Number (not necessary for General Fund program participants)	
5 Street address (Residence)			6 City (Residence)	7 State (Residence)	8 ZIP (Residence)
9 County (Residence)		10 Reside in public housing		11 Reside in Section 8 housing	12 Phone
13 Ext		14 Phone type 1 Cell/Mobile		15 Phone mode	
16 Email (Optional)		17 Mail street line1 (If same as Residence, skip to 22)		18 Mail city	19 Mail state
20 Mail ZIP		21 Mail county			

Demographic Information

22 Date of birth	24 Sex (at Birth)	25 Gender	26 Sexual Orientation or Sexual Identify	27 Registered with Selective Service Selective service registration is not required for females, males born before 1960, or for programs funded by General Fund, CDBG, H1B or RTW	
23 Age					
28 Citizenship			29 Alien Registration Number (Not required for GF programs)	30 Alien Expiration Date (Not required for GF programs)	31 Hispanic
					32 Hawaiian native
33 Language Do you primarily speak a language other than English?		34 What is that language?			35 How well do you speak that language?
36 Do you require English language assistance?		37 How well do you speak English?			

38 Race (Select as many as appropriate)	39 & 40 Ethnicity (If Asian or Hawaiian/Other Pacific Islander was selected above for Race, select at least one below)		
White	<u>Asian</u>		<u>Hawaiian Pacific Islander</u>
African American/Black	Indian	Chinese	Hawaiian/Part Hawaiian
American Indian/Alaskan Native	Pakistani	Korean	Samoan
Asian	Bangladesh	Malaysian	Micronesia
Hawaiian/Other Pacific Islander	Sri Lankan	Thai	Palauan
I do not wish to answer	Nepalese	Laotian	Marshallese
	Sikkimese	Cambodian	Guamanian
	Bhutanese	Vietnamese	Other Pacific Islander
	Japanese	Other Asian	
		Filipino	

Military Service and Veteran Information

51 Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	52 Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	53 Are you currently in the military, a veteran or the spouse of a veteran?	54 Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?				
55 Veteran status	56 Homeless Veteran	57 Vet Voc Rehab	58 Individual is a transitioning service member	59 Type of transitioning service member			
60 Estimated discharge date	61 Served more than 1 tour of duty?	62 Service Begin Date 1	63 Service End Date 1	64 Service Begin Date 2	65 Service End Date 2	66 Service Begin Date 3	67 Service End Date 3
68 Campaign veteran	69 Post 9/11 veteran	70 Recently separated veteran (separated <= 48 months ago)	71 Veteran separation date	72 Attended a Transition Assistance Program (TAP)			

Employment

73 Employment status	74 Current hourly wage	75 If employed, are you underemployed* <small>*Working part-time, but desiring full-time work; working in a position beneath one's level of education</small>		
75a Is your past work in a Declining Occupation or Industry?		75b If working, does your job lack opportunity to advance or have a wage gain?		
76 Type of business worked in:	77 Are you currently looking for work?	78 Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?	79 Number of weeks unemployed	80 Unemployed for 27 or more weeks?

81 Unemployment compensation

*Applicants referred by WPRS are required to receive workforce services as a condition of receiving unemployment insurance

82 UI Referred By Status	83 Claimant Exempt from Work Search	84 Claimant Exempt from Work Search Date
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85 Reason for layoff *If 1-5, complete 63-98, then 99. If 6-10, go to 99.*

1. (1) Terminated/laid off or has received notice, **and** (2) eligible for/exhausted entitlements to UC, **and** (3) unlikely to return to previous industry or occupation.
2. (1) Terminated/laid off or has received notice, (2) has been employed for 3 months, but (3) is not eligible for UC due to insufficient earnings **or** employer not being covered under state compensation law, **and** (4) unlikely to return to previous industry or occupation.
3. (1) Terminated/laid off or has received notice as result of (2) permanent closure of, **or** substantial layoff at a plant, facility, or enterprise.
4. (1) Individual is employed and (2) the employer has made a general announcement that the facility will close.
5. (1) Previously self-employed (including farmers, ranchers and fisherman), but is (2) unemployed due to general economic conditions in the community of residence or because of natural disaster.
6. Displaced Homemaker: An individual who has been (1) providing unpaid services to family members in the home and (2) has been dependent on the income of another family member, but is no longer supported by that income; **or** is the **dependent spouse** of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, or a call or order to active duty, or a permanent change of station, or the service connected death or disability of the member, **and** (3) is unemployed or underemployed **and** (4) experiencing difficulty obtaining or upgrading employment.
7. The spouse of a member of the Armed Forces on active duty, **and** who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.
8. The spouse of a member of the Armed Forces on active duty **and** who is unemployed or underemployed **and** is experiencing difficulty in obtaining or upgrading employment.
9. Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for DW in Categories 1-8, but is an individual that meets DWG eligibility
10. None of the above. Individual does not meet the definition of Dislocated Worker.

86 Projected layoff date	87 Actual layoff date	88 Did you attend a Rapid Response orientation?	89 Most recent date attended Rapid Response orientation	89a Rapid Response Event #	
90 Dislocation employer		91 Dislocation hourly wage	92 Dis. employer address 1		
93 Dis. employer address 2		94 Dis. employer city		95 Dis. emp. state	96 Dis. emp. ZIP
97 Layoff industry Name of industry _____ NAICS Code (staff use) _____		98 Layoff occupation Name of occupation _____ O*NET Code(staff use) _____			
99 Farmworker status	100 Type of farmworker		101 Migrant Seasonal Farmworker Status		

Employment History

Company Name	Location	Job Title (Occupation)	Start/End Dates

Education

102 If degree/certificate attained, select highest attained:

If no degree attained, select highest year of school completed:

103 School status				104 Currently enrolled in an educational program*		
				*Programs that lead to a degree/certificate that would be accepted by OEWD.		
105 Receiving Adult Education Services	106 Receiving YouthBuild Services	107 Youth Build Grant Number	108 Receiving Job Corps Services	109 Receiving Vocational Education Services	110 Individualized Education Program Participant	111 In a Registered Apprenticeship Program:

Additional Information

112 Displaced homemaker	113 English language learner	114 Single parent (including pregnant women)		115 Homeless	116 Runaway (only for Youth programs)	
117 Offender*		118 Pregnant or parenting youth	119 Foster child or aged out	120 Eligible under Section 477 of the SSA*		121 Out-of-home placement*
*Arrests or convictions are barriers to employment or education.				*A program for youth in foster care		*Youth removed from home over concerns for well-being
122 Unemployed a total of 13 weeks in the last year		123 Lacks transportation	124 Suspended License	125 Lacks childcare	126 Lacks healthcare	127 Spousal abuse victim
128 Youth currently living in a high-poverty area		129 Youth currently receives, or is eligible for, free/reduced lunch		130 Basic Skills Deficient (according to TABE/CASAS)		
				*Required for all youth program participants and WIOA Adult participants		
131 Substance abuse		132 Gang status		133 Youth w/ incarcerated parent	134 Parolee number (Optional)	
135 Individual facing substantial cultural barriers		136 Meets governor's special barriers to employment		137 Meets the additional priorities established by the governor and/or local board		

H-1B & RTW Program Participants ONLY

138 Current employer	139 Emp. address	136 If unemployed: last date of employment		137 Unemployed more than 27 weeks	
140 Emp. city	141 Emp. state	142 Emp. ZIP	143 Hourly wage	144 Job title	145 Industry

Public Assistance Information

146 Receiving TANF	147 TANF Recipient	148 Within 2 yrs of exhausting TANF lifetime eligibility	149 Receiving Supplemental Security Income (SSI)	150 SSI Recipient	151 Receiving Refugee Cash Assistance	152 RCA Recipient
153 Receiving General Assistance	154 GA Recipient	155 SNAP (formerly known as Food stamps)	156 SNAP Services	157 Ticket to Work	158 Publicly supported foster child	159 Receiving or been notified of Pell Award

160 Youth requires additional assistance

<ul style="list-style-type: none"> • homeless • drop out • truant • offender 	<ul style="list-style-type: none"> • non-custodial parent • former foster youth • emancipated youth • single parent 	<ul style="list-style-type: none"> • enrolled in special education • student with less than a C average • limited English proficiency • pregnant 	<ul style="list-style-type: none"> • receiving public assistance or medical benefits • has not held a job for more than 13 weeks • drug or alcohol problems • resident of public housing/receiving a section 8 voucher
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161 Youth Incarcerated at Program Entry	162 Date Released from Incarceration:
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163 Family size	164 Family member ages and relationships:
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165 Annual family income (last 6 months X 2)	166 Monthly Income	167 Low-income
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5% Exception for WIOA Youth ONLY (Staff Use Only)

Skip this section unless youth must meet low-income definition for WIOA Youth eligibility, but does not. Obtain the following info and then contact your program officer.

168 Is youth applying for a 5% exception?	169 Currently in high school and repeated a grade or is a year over age for grade	170 Youth is facing serious barriers to employment
		<ul style="list-style-type: none"> • truant • single parent • a C average • resident of public housing/receiving a section 8 voucher • youth is 19-24 and has not held a job for more than 13 weeks in the last year • member of family receiving public assistance, medical assistance, or food stamps

CERTIFICATION AND SIGNATURES

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty or perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from Office of Economic and Workforce Development (OEWD) programs and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date
Signature of Parent, Guardian or Responsible Adult (if client is under 18)	Date
Signature of Certifying Agency Representative	Date