

# WIOA Standard Application

Applicant Definition	
Statutory Program: <input type="checkbox"/> WIOA <input type="checkbox"/> TAA/NAFTA	Contact Date:     /     /
TAA Petition Number:	NAFTA Petition Number:
LWDA#/ETC:	Illinois workNet Center:
Case Manager:	Partner:

Applicant Contact Information		
Last Name:	First Name:	Middle Initial:
Street Address (Residence):		Apt.:
City:	State:	8. Zip:
Phone Number(s): Home (   ) -	Work (   ) - ext.	Cell (   ) -
Email:	County (for in-state addresses):	

Additional Contacts		
Additional Contact Information: (please provide 2)		
Last Name:	First Name:	Middle Initial:
Street Address (Residence):		Apt.:
City:	State:	Zip:
Phone Number(s): Home (   ) -	Work (   ) - ext.	Cell (   ) -
Email:	County (for in-state addresses):	
Relationship to Customer:		
Last Name:	First Name:	Middle Initial:
Street Address (Residence):		Apt.:
City:	State:	Zip:
Phone Number(s): Home (   ) -	Work (   ) - ext.	Cell (   ) -
Email:	County (for in-state addresses):	
Relationship to Customer:		

Private Information			
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Island <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Answer	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date:     /     / Mother's Maiden Name: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Authorized to Work in US: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiration Date:     /     / Selective Service Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes enter the Selective Service #:		
Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer. If Yes, complete both columns to the right	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <b>Disability Status</b>  <input type="checkbox"/> Disability Affecting Employment  <input type="checkbox"/> Learning Disability  <input type="checkbox"/> Developmental Disability               </td> <td style="width: 40%; border: none;"> <b>Category of Disability:</b>  <input type="checkbox"/> Physical Impairment  <input type="checkbox"/> Mental Impairment  <input type="checkbox"/> Both               </td> </tr> </table>	<b>Disability Status</b> <input type="checkbox"/> Disability Affecting Employment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Developmental Disability	<b>Category of Disability:</b> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both
<b>Disability Status</b> <input type="checkbox"/> Disability Affecting Employment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Developmental Disability	<b>Category of Disability:</b> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both		

# WIOA Standard Application

## Veterans Information

Veteran Status:

Not a Veteran    Veteran    Qualified Spouse of a Veteran    Transitioning Service Member

**The rest of this section applies only to Veterans and Qualified Spouses**

If Yes, List Branch of Service:

- Air Force
- Army
- Coast Guard
- Navy
- U.S. Marines

Dates of Service:

From:   /   /   to   /   /

Nature of Military Discharge:

- Honorable                       Dishonorable
- Less than Honorable    Service Connected Disability

Service Connected Disability:

No    Disabled Vet    Special Disabled Vet

Armed Forces Campaign or Expeditionary Medal:

Yes    No

U.S. Citizen At Time of Service:  Yes    No

Has acceptable documentation been used and retained when Veteran or Qualified Spouse of a Veteran or Transitioning Service Member is claimed?: (D.D. 214)  Yes    No

## Concurrent Programs

Also Receiving Services From:

Adult Education    Yes    No

Wagner-Peyser    Yes    No

Job Corps    Yes    No

Title V Activities (OAA)    Yes    No

Farmworker Program    Yes    No

Community Srvc Block Grant Program    Yes    No

Native American Program    Yes    No

HUD Program    Yes    No

Veteran's Workforce Programs    Yes    No

Veteran's DVOP/LVER    Yes    No

Trade Adjustment Act    Yes    No

Other Non-WIOA Program    Yes    No

NAFTA-Trade Act    Yes    No

Both Vocational Rehabilitation and Vocational Rehabilitation + Education    Yes    No

Vocational Education    Yes    No

Other Public Assistance    Yes    No

Vocational Rehabilitation    Yes    No

List Other Public Assistance:

## Education Status

Highest Grade Completed: (Check only the one that best describes your education completion status)

- |                            |                            |   |   |   |
|----------------------------|----------------------------|---|---|---|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> H.S. Freshman              | <input type="checkbox"/> Certificate of Attendance/Completion | <input type="checkbox"/> Other Post Secondary |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> H.S. Sophomore             | <input type="checkbox"/> College Freshman                     | <input type="checkbox"/> Associate Degree     |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> H.S. Junior                | <input type="checkbox"/> College Sophomore                    | <input type="checkbox"/> Bachelors            |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> H.S. Senior - No Diploma   | <input type="checkbox"/> College Junior                       | <input type="checkbox"/> Masters              |
|                            | <input type="checkbox"/> 8 | <input type="checkbox"/> H.S. Senior - with Diploma | <input type="checkbox"/> College Senior                       | <input type="checkbox"/> Doctorate            |
|                            |                            |   |   | <input type="checkbox"/> GED                  |

Pell Grant Recipient:  Yes    No

If Yes, Amount: \$ \_\_\_\_\_

Current Educational Status:

- Pursuing Diploma/Certificate:    Yes    No
- Attending School:    Yes    No
- Full Time Attending School:    Yes    No
- Attending Alternative School:    Yes    No
- High School Dropout:    Yes    No
- In Bridge Program    Yes    No

The following are determined by IWDS:

Basic Skills Deficient:

Yes    No

Youth:

In-School    Out-of-School    Not Applicable

Behind Grade Level:

Yes    No

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## Employment Characteristics

Labor Force Status: (check only one) <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Employed-Received Notice of Layoff/Mil Sep	Under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployed Insurance Status: (check only one) <input type="checkbox"/> Receiving Benefits <input type="checkbox"/> Eligible, but not Receiving Benefits <input type="checkbox"/> Exhausted Benefits <input type="checkbox"/> Not Eligible/Not Determined
The following is determined by IWDS: UI Profilee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Migrant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primarily Employed In Farm Work: <input type="checkbox"/> At least 50% income earned <input type="checkbox"/> At least 50% work time <input type="checkbox"/> Both of the above <input type="checkbox"/> No or N/A	Minimum Threshold of Farm Work Performed: <input type="checkbox"/> At least 25 days worked <input type="checkbox"/> At \$800 earned <input type="checkbox"/> Both of the above <input type="checkbox"/> No or N/A
Type of Qualifying Farm Work: <input type="checkbox"/> Agricultural Production/Services <input type="checkbox"/> Food Processing Establishments	Migrant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Dislocated Worker Characteristics

Requires Additional Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed one month of job search: <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployed at least six months prior to application <input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No Received Disaster Relief Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse of Active Duty Service Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station; <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Work History

Employer Name:		
Employment Status: (check only one) <input type="checkbox"/> Still Employed <input type="checkbox"/> Still Employed, Layoff Pending <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Entered Employment <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Recalled <input type="checkbox"/> Other	Job Title: Wages at Layoff: \$ Wages per: <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Week Hours per Week:	
Start Date:     /     /     End Date:     /     /		
Employer Information:		
Street Address:		
City:	State:	Zip:     -
Contact Name:	Contact Phone: (     )     -     ext:	
Job Duties: (describe the job duties the applicant performed)		
Primary Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formerly Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Member/Farmhand: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Work History (continued)			
Layoff Reason: (check only one) <b>NOTE:</b> Only options noted by ** may be used for "formerly self-employed" from #70			
<input type="checkbox"/> Lack of Work at Employer	<input type="checkbox"/> In Process of Going Out of Business **	<input type="checkbox"/> Defense Reductions	
<input type="checkbox"/> Plant Closure	<input type="checkbox"/> Flood or Other Natural Disaster **	<input type="checkbox"/> Trade Impact Employment	
<input type="checkbox"/> Substantial Layoff	<input type="checkbox"/> General Economic Conditions **	<input type="checkbox"/> Qualifying Federal Dislocation Event	
		<input type="checkbox"/> Clean Air Act	
Date Notified of Layoff: / /		Received Severance Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DETS ID:	TAA Petition #:	NAFTA Petition #:	
Received Rapid Response: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Received Rapid Response Services: / /		
ATAA/RTAA Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declining: <input type="checkbox"/> Yes <input type="checkbox"/> No (Determined by IWDS based on NAICS)		
NAICS Code:			
NAICS Description:			
O*Net-SOC Code:	Low Growth: <input type="checkbox"/> Yes <input type="checkbox"/> No (Determined by IWDS based on O*Net)		
O*Net-SOC Description:			

Characteristics and Barriers			
Drug/Alcohol Dependency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No
An English Language Learner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offender Felon:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facing Substantial Cultural Barriers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offender – Misdemeanor:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Barriers (If Applicable)			
Enroll Under 5% Window:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to Juvenile or Adult Justice System:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within age of Compulsory School Attendance, but not attending School this quarter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Needing Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant/Parenting Youth:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runaway Youth:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Aged Out of Foster Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Eligible to Receive Free or Reduced Price Lunch:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Assistance			
Transitional Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee Help:	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SSI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DHS Case Number:	
SSDI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Months Receiving TANF in Prior 60 Months:	

Family Characteristics				
Family Type: (check only one)		Family Size:		
<input type="checkbox"/> Not a Family Member				
<input type="checkbox"/> Not Reported		Dependents Less than 18 years:		
<input type="checkbox"/> Other Family Member				
<input type="checkbox"/> Parent in One-Parent Family		Family of 1 Due to Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Parent in Two-Parent Family				
Family Members Information (complete for each family member)				
Name(s) of Family Member(s) (Last, First, MI)	Relationship	Age	Dependent	Has Income
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Income Calculation							
Month	1	2	3	4	5	6	Row Total
Wages	\$	\$	\$	\$	\$	\$	\$
Self-Employed Wages	\$	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$	\$
Insurance Annuity	\$	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$	\$	\$	\$

The following are determined by IWDS:

Average Monthly Income:	\$	Average Annual Income:	\$	Total Income for Prior 6 Months	\$
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Monthly Expenditures (needed if Training Services are desired)			
INCOME		EXPENSES	
Wages:	\$	Rent/Mortgage:	\$
Self-Employed Wages	\$	Utilities:	\$
Spouse Wages:	\$	Installment Payments:	\$
Pension:	\$	Savings:	\$
Insurance Annuity:	\$	Insurance:	\$
Alimony:	\$	Support Payments:	\$
Allowance:	\$	Transportation:	\$
Social Security:	\$	Food:	\$
Public Assistance:	\$	Clothing:	\$
Unemployment:	\$	Household Supplies:	\$
Other:	\$	Medical/Dental:	\$
	\$	Miscellaneous:	\$
<b>Income Total:</b>	<b>\$</b>	<b>Expense Total:</b>	<b>\$</b>

WIOA Additional Criteria (If Applicable)	
<b>Training Services</b>	
Has an assessment been completed? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If by someone other than WIOA staff, who completed the assessment?	
Training Provider Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual Employment Plan (IEP)</b>	
Has an Individual Employment Plan (IEP) been completed?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If by someone other than WIOA staff, who completed the IEP?	
Training Provider Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Qualifications for Selected Training Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selected Training Program is in Demand:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Grant Sources are Unavailable:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Eligibility		
Title/Program	Eligibility Date	Certification Date
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Initial Eligibility Determination: / /

\_\_\_\_\_  
(Signature of Case Manager)

# WIOA Standard Application

## Signatures

**Notice of Certification:** I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the Workforce Innovation and Opportunity Act (WIOA) post-termination follow-up program. I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from the Workforce Innovation and Opportunity Act program. I further certify that I have been informed of my rights to file a complaint.

I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my legal right to file a complaint.

Signature of Customer or Representative:

Date: / /

Signature of Parent or Guardian  
(if customer is under age 18):

Date: / /

Name of Parent or Guardian:  
(if customer is under age 18)

Date: / /

### APPEAL RIGHTS

*If you disagree with this determination, you may request a reconsideration/appeal in person, by mail, or by fax. Your request must be filed at your IDES reporting office within thirty (30) days after the date this notice was given or mailed to you. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If the last day for filing your request is a day that the office is closed, the request may be filed on the next day the office is open. A letter will suffice if you do not have a form. If additional information or assistance regarding the appeals process is needed, please contact your local office.*

To locate your reporting office, use this link: [http://www.ides.illinois.gov/Pages/Office\\_Locator.aspx](http://www.ides.illinois.gov/Pages/Office_Locator.aspx)

### STAFF USE ONLY

Case Manager Signature:

Date: / /