

**WORKFORCE INVESTMENT BOARD MID-OHIO VALLEY
SUMMER YOUTH PROGRAM APPLICATION
PARENT/GUARDIAN APPROVAL AND CERTIFICATION / VERIFICATION OF NEED**

SHADED AREAS ARE TO BE COMPLETED BY WorkForce West Virginia STAFF:

Service Location: _____

IDENTIFICATION

Social Security No.: _____ **Last Name:** _____ **First Name:** _____ **MI:** _____

Address: _____ **City:** _____ **County:** _____ **Zip Code:** _____

CITIZENSHIP/SELECTIVE SERVICE: **Phone No:** _____ **Date of Birth:** _____

US Citizen?
Yes No
If you are not a US Citizen, are you authorized to work in the US?
Yes No

EDUCATIONAL INFORMATION

High School Student Yes No
Graduate Yes No
Drop Out Yes No
Highest Grade Completed: _____
College Student Yes No

SELECTIVE SERVICE STATUS:

(Males 18 or older)
Registered
Yes No N/A

CHARACTERISTICS:

Individual with Disability Yes No **Disability results in a substantial barrier to employment** Yes No

FAMILY STATUS AND PUBLIC ASSISTANCE INFORMATION:

Number in Household _____ **TANF** Yes No **FOOD STAMPS** Yes No

LIST GROSS FAMILY INCOME FOR LAST 6 MONTHS FOR ALL PERSONS RESIDING IN YOUR HOUSEHOLD:

ANY PERSONS RESIDING IN YOUR HOUSEHOLD THAT RECEIVE INCOME

PERSON(S) RECEIVING INCOME	RELATIONSHIP TO APPLICANT	SOURCE/TYPE OF INCOME	AMOUNT (INDICATE WEEKLY, MONTHLY, ETC.)

ELIGIBILITY DETERMINATION:

Eligible: **INELIGIBLE:** **PRIORITY LEVEL:** 1 2 3

Date of Eligibility: _____ **Signature of WorkForce WV Staff:** _____

WORKSITE STATUS:

Worksite Location: _____ **Start Date of Worksite:** _____

Signature of Worksite Supervisor: _____ **Title:** _____

The Workforce Investment Board is an Equal Opportunity Employer
Auxiliary Aids and Services are Available Upon Request to Individuals with Disabilities