

**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

SELECTIVE SERVICE STATUS:

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

EDUCATIONAL INFORMATION

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

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:** _____

SHADED AREAS ARE TO BE COMPLETED BY WORKFORCE WEST VIRGINIA STAFF:

MILITARY SERVICE	BARRIERS / EXCEPTIONS NOT PREVIOUSLY LISTED																																																												
<p>Active Military Service</p> <p>State Date: _____</p> <p>End Date: _____</p> <p>Did you serve on active duty in the US armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you been awarded a service connected disability by the Dept. of Veteran's Affairs since your release from active duty?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Foster Child</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Homeless Individual</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Runaway Youth</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Offender</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Pregnant or Parenting Teen</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Substance Abuse</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Institutionalized</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Long Term Welfare</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Qualifies as 5% (Locally Defined)</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Local Youth Barrier</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Needs additional Assistance</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other Barrier (locally defined)</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">No</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Foster Child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Homeless Individual	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Runaway Youth	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Offender	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pregnant or Parenting Teen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Substance Abuse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Institutionalized	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Long Term Welfare	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Qualifies as 5% (Locally Defined)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Local Youth Barrier	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Needs additional Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other Barrier (locally defined)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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YOUTH / PARENT CONSENT

The confidential information contained in this application will be used to determine and verify eligibility fro enrollment in the 2009 WIB MOV Summer Program. I certify to the best of my knowledge, the informatin given is true and accurate. My signautre on this form gives authorization for this applicant to to participate. I realize that the giving of false information is a crime and punishable by law. Signatures will also signify authorization for the release of information to partner organizations involved in the delivery of 2009 summer program services.

Applicant's Name: _____ **SS#:** _____

Applicant's Signature: _____ **Date** _____

Parent/Guardian Signature (required for youth under 18) _____ **Date** _____

The following individuals reside in our household: (please circle the name of the youth applying for this program)

Name	Relationship to applicant (parent, brother, sister, etc)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Head of Household _____
Date

THIS PAGE TO BE COMPLETED BY WORKFORCE WV STAFF:

INDIVIDUAL SERVICE STRATEGY

NAME OF APPLICANT: _____

CAREER / EDUCATIONAL GOALS

Educational Goals:

Career Goals:

SUPPORT SERVICE NEEDS

NEED

PLAN OF ACTION

NEED	PLAN OF ACTION

INTERVENTION ACTIVITIES

Worksite locations near your home: _____

Types of work you are interested in: _____

Work Experience **Technical Education** **Enhancement**

Work Readiness Experience to be Delivered:

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Documentation Requirements

APPLICANT: To participate in a Region 4 Youth Program, you will be required to provide documentary evidence of your eligibility. Failure to provide information or any falsification, concealment or omission of information given to determine your eligibility is grounds for not being enrolled or termination from the program. Please review items shown and bring documentation for each item listed below. For example, to verify your age, bring your birth certificate, driver's license or other proof of age.

EACH ITEM MUST BE VERIFIED BY STAFF PRIOR TO ENROLLING IN THIS PROGRAM		
ELIGIBILITY ITEM	POSSIBLE SOURCES OF VERIFICATION	Staff Use:
Social Security Number	Social Security Card W-2 Form Social Security NUMI Printout	
Age	Birth Certificate Driver's License Work Permit School Records	
Address	Rent Receipts Utility Bills Property Tax Record City or Telephone Directory School Records	
Family Size	Public Assistance Records or Medical Card Statement Signed by Witness (Not Related) School Records	
Amount/Source of Family Income (Gross Amount Before Deductions for the past six (6) months only)	Pay Stubs for the past six (6) months Public Assistance Records or Medical Card Social Security Award Letter VA Benefit Award Letter Workers' Compensation Papers Signed Statement from Employer(s)	
Citizenship	Birth Certificate Voter's Registration Proof of Right to Work (Forms AR-3A; I-151; I-94; I-179; I-197)	
BRING VERIFICATION ONLY IF THESE APPLY TO YOU		
Selective Service Registration Status (Males Only - Age 18 or over)	Selective Service Acknowledgment Letter	
Eligibility for Public Assistance, SSI, Social Security, or Money Received from any Source other than Employment	Medical Card Award Letter or Statement from Agency Providing Source of Income	
Disability/Medical Conditions Status	Vocational Rehabilitation Letter Veterans Administration Letter School Records Physician Statement	
Institutional Status	Institutional Contact	
Foster Child/Ward of Court	Medical Card Court Records	