

Received		YOUTH APPLICATION Local Workforce Investment Area 12			
Full Name			Nickname		
SSN	Date of Birth	Gender? Male Female	Veteran? Y N		
E-Mail Address		Check if you have a social networking account. <input type="checkbox"/> Facebook <input type="checkbox"/> MySpace <input type="checkbox"/> Twitter			
Home Address					
<i>Street Address, City, State, Zip</i>					County
Is this your current address?	Y N	Address Type (Circle all that apply)		Home Mailing Temporary Permanent	
Home Telephone			Cell Phone		
Alternate Contact Name			Relationship		
Alternate Contact Address			Alternate Contact Phone Number		
U.S. Citizen?	Y N	<i>If age 18 or above, please indicate if you have registered for the Selective Service</i>		Y N	Selective Service #
<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> Black/African (Non-Hispanic)		<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
<input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic/ Latin		<input type="checkbox"/> White (Non-Hispanic)	
I am applying for (Check One):					
<input type="checkbox"/> Peer Tutoring Programs		<input type="checkbox"/> Dual Enrollment Assistance		<input type="checkbox"/> JTG	
<input type="checkbox"/> Unmet Need Scholarship		<input type="checkbox"/> Summer Work Experience		<input type="checkbox"/> Other:	
Student Education Details (Check one)					
<input type="checkbox"/> In-School, Alternative School	<input type="checkbox"/> Out of School, High School Grad	<input type="checkbox"/> Out of School, High School Dropout	<input type="checkbox"/> Student, High School or Less	<input type="checkbox"/> Student, Post High School	
High School Name:					
Highest Grade Completed to Date (Check at least one)					
<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> Hs Diploma/ GED	<input type="checkbox"/> Certificate of Completion
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16		
<input type="checkbox"/> Attained Bachelor's Degree or Equivalent	<input type="checkbox"/> Attained Other Post-Secondary Degree or Equivalent	<input type="checkbox"/> Attained Associates Diploma or Degree		If completed, what year did you earn your Degree/Certificate?	
Income Eligibility					
LIST EVERYONE living in the household, including student AND approximate monthly income for each person.					Office use
Name	Relationship	Age	Income Source (List Employer)	Estimated Monthly Income	Income Considered
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
Total Income Considered					
Student Employment Details		Currently Employed?	Yes No	Have you worked more than one job in the last six months?	Yes* No
Current or Last Employer			Start Date	End Date	
Employer Address (<i>Street Address, City, State, Zip</i>)					
Employer Contact Name			Employer Phone		
Hourly Wage or Salary		Paid How Often?		Average Hours/Week	
<i>*For additional or multiple employers or to document earnings for the last 6 months use Supplemental Employment Details Form</i>					

Youth Social Indicators: (Circle all that apply)

Runaway or Homeless	Y	N	
TANF	Y	N	Documentation Provided:
Individual with Disability	Y	N	Documentation Provided:
Low Income	Y	N	
Offender/Court involved individual	Y	N	Documentation Provided:
Single Parent Family	Y	N	
Needs assistance to complete education/secure employment	Y	N	
Pregnant/Parenting Youth	Y	N	Documentation Provided:
Food Stamps/SNAP	Y	N	Documentation Provided:
Other Public Assistance Recipient	Y	N	Documentation Provided:
Youth in Foster Care	Y	N	Documentation Provided:

Declarations, Rights and Responsibilities

PLEASE ACKNOWLEDGE THE FOLLOWING CONDITIONS BY CHECKING THE BOX BESIDE EACH STATEMENT.

- I understand my signature on this form is a declaration that information I have provided is true and correct. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf.
- I understand that it is my right and responsibility to notify my WIA case manager if I require assistance in completing my application because of physical or mental disability, inability to speak English, or other difficulties.
- If I am currently receiving food stamps or TANF benefits from the Department of Human Services, or have received benefits within the last 6 months, I authorize DHS to release this information to WIA for the purposes of determining eligibility.
- I understand my application will be processed within 45 days and I will receive a written notice outlining the level of service for which I have been approved.
- I also understand if my application is denied I will be notified in writing as to the denial.
- I understand I have the right to complain if I feel I have been discriminated against, mistreated, or disagree with the decisions made that affect me. I understand that those complaints are handled through the WIA NON-DISCRIMINATORY GRIEVANCE AND COMPLAINT PROCEDURES. Should my complaint be of discrimination, I understand I may alternatively contact the Directorate of Civil Rights at the U.S. Department of Labor, or the Civil Rights Manager at the regional office of the U.S. Department of Health and Human Services, as appropriate. I may follow either procedure (local or Federal), but cannot follow both simultaneously. I know that the EO Officer is located at the Workforce Development Office, 313 West Cedar Street in Dyersburg, and I will be provided all necessary information to assist me in exercising my rights under the Civil Rights Act, civil rights provision under program-specific laws, and in proceeding with complaints regarding non-civil rights issues.
- If I am an adult male** (over age 18) at the time of this application, and I am not currently registered with the Selective Service, I authorize the WIA Case Manager to register me for the Selective Service using my personal information provided in this application.
- My signature on this form indicates I have read the statements presented or had them explained to me. I have been given the opportunity to ask questions and gain clarification on any issues I did not understand.

Release of Information

By signing this application, I authorize the release of information to the Northwest Tennessee Workforce Board Staff as necessary to determine my eligibility for the Workforce Investment Act Programs and related services and to determine progress, completion, and credentials attained; further, the release of information by staff necessary to secure related services, assistance on my behalf, and share information with other programs from which I receive or have received services. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant's Signature _____ Date _____

If Applicant is under age 18, parent or guardian should check box and sign below.

I attest that I am the parent or legal guardian for the above signed youth. _____ Date _____

Parent/Guardian Signature _____

Disposition of the Application

Recommend Approval Recommend Denial

Application Approved Application Denied

(Enter earliest date of eligibility) _____ (Date of Denial) _____

WIA Staff Signature _____