



Application – Adult & Dislocated Worker Programs Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 1.1

For Adult and Dislocated Worker Programs

If you are age 18 or older and need help in obtaining employment that will lead to adequate wages so that you can support yourself and/or your family, we may be able to help you. If you qualify, we offer many career and training services and assistance that can help you obtain your employment goals. If you are interested in determining eligibility and services available, we invite you to complete the attached information and return it to:



1109 South 16th Street
Fort Smith, AR 72901

Email applications to ncaillouet@wapdd.org

Staff use only:

Is eligible for WIOA Title I-B

You may also call for an appointment at: **(479) 785-2651** Yes No

If you are 24 years old or younger, you may also qualify for the Youth program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

Drivers' license, passport, or other government-issued ID that has your picture

Signed Social Security card

U. S. birth certificate, if you have one (If you don't, there is other documentation we can use.)

If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States

If you are a veteran, your DD-214

If you are a disabled veteran, widow or widower of a veteran or an "eligible spouse," bring VA documentation of your status if you have it

Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)

If you have received a lay-off notice, bring it

If you are attending college, bring a transcript and a degree plan

If you have been accepted into a college program (such as nursing), bring your acceptance letter

Bring documentation of a disability, if you have one and there is documentation

If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA, Work Pays, or SSI), and being homeless. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you're not sure what to bring, we can help you after we talk with you.

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ Zip: _____ County: _____

Physical Address: _____ City: _____ Zip: _____ County: _____

Telephone: _____ Cell Phone: _____ Do you accept texts: Yes No Message phone: _____

E-mail Address: _____ Relative's Name: _____ Telephone: _____

Social Security Number: _____ Birthdate: _____ Age: _____ Sex: (at birth): Male Female

Ethnicity:
 Hispanic or Latino Prefer not to answer
Race: Check all that apply
 White or Caucasian Hawaiian or Other Pacific Islander
 Asian or Asian American American Indian or Alaska Native
 Black or African American Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity: Yes No
 If yes, do you need special accommodations for disability? Yes No
 If yes, what accommodations do you need: _____
 Do you receive Social Security Disability Insurance? Yes No
 Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job? Yes No

Is English your primary language? Yes No
 Are you registered with Selective Service? Yes No
 Are you a veteran? Yes No
 Are you the spouse of a veteran? Yes No
 Are you a widow or widower of a veteran? Yes No

Do you live in a community where English is not the primary language spoken? Yes No
 Are you a U.S. citizen? Yes No If NO, are you a permanent resident alien? Yes No
 If NO to both above, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? NA Yes No
 Are you registered with Arkansas Job Link? Yes No

Are you an Arkansas Works referral from the state Medicaid Expansion Program? Yes No
 (Arkansas Works is a Governor's initiative DHS program that refers DHS clients to job service staff for employment assistance.)

Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act OR do you have trouble obtaining or keeping a job because of an arrest or conviction? Yes No

Are you a single parent (custodial or non-custodial), or a pregnant woman? Yes No
 Do your customs, beliefs, or practices serve as a hindrance to employment (cultural barrier)? Yes No

INCOME
Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:
 Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):
 SNAP TEA WORK PAYS SUPPLEMENTAL SECURITY INCOME (SSI)
 Are you within 2 years of exhausting your lifetime TANF ELIGIBILITY? Yes No
 Are you homeless (lack a fixed, regular, and adequate night time residence)? Yes No

List all members who live in the household at any time in the last 6 months, their relationship to you, and their sources of **income FOR THE LAST 6 MONTHS**
 Family is defined two or more persons related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child, if needed

NAME	RELATIONSHIP TO YOU	AGE	ALL SOURCES OF INCOME
	SELF		

If needed, place information about additional household members on back or on additional pages.

DO YOU CERTIFY THAT THE INCOME SOURCES ABOVE ARE ALL THE SOURCES OF INCOME FOR YOUR FAMILY? Yes No

IF NO, EXPLAIN: _____

EMPLOYMENT INFORMATION

Which best describes your current employment status? (Check all that apply):

Employed working for wages, self-employed, or working 15+ hours per week unpaid in family business, "Employed" includes if you are away from job because of vacation, leave, etc.
 Full-time Part-time (PT is less than 30 hours/week or considered PT by your employer) Self-employed

Employed, but received termination notice from employer/military

Not employed (not working, but available for work and looking for work)

Exhausted Unemployment Benefits, and don't have an appropriate job

Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time

Not in labor force (not employed and have not actively been looking for work)

Are you a migrant or seasonal farm worker? Yes No

Do you currently receive Unemployment Benefits? Yes No

Have you received Unemployment Benefits in the past?..... Yes No

Have you recently been laid off or given notice that you will be laid off? Yes No

If so, where? _____ Lay off date (mm/dd/yyyy) _____

Do you own a business that recently closed because of a disaster or local economic reasons? Yes No

If so, name of business: _____ Closure date (mm/dd/yyyy) _____

Why did it close? _____

Are you a displaced homemaker (a person who has been providing unpaid services to family members in the home and has been dependent on the income of a family member, but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment)?

Yes No

If Yes, give details: _____

Are you (or were you) the dependent spouse of a member of armed forces on active duty, and the family income is significantly changed because of a deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member?

Yes No

If yes, give details: _____

WORK HISTORY (List current or most recent first. Please list dates as completely as possible.)

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____

Address: _____ City: _____ State: _____

Job Title _____ # hours per week: _____ Hourly wage: _____

Reason for leaving: Quit Laid off Moved from area Fired Other: _____

EDUCATION

Do you have a high school diploma or GED? Yes No If no, what is the highest grade you completed? _____

Do you have a college degree or certificate? Yes No

If yes, what is your highest degree or certificate? _____ What was your major? _____

Do you have college work toward and unfinished certificate? Yes No

If so, where? _____ Why did you stop? _____

Are you currently enrolled in postsecondary education (college, technical school, etc.)? Yes No

If yes, where? _____ What is your major? _____

Certification of Truth of Application, Release of Information, Acknowledgment, & Consent

I authorize The Western Arkansas Planning and Development District, (WAPDD) the local provider of Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

I agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

Applicant's Signature

Date