



STAFF ONLY Trade Act Petition Number: _____



INITIAL ELIGIBILITY APPLICATION

WIOA/GAP/PACE/Just in Time

I. GENERAL INFORMATION			
Name (Last, First, Middle Initial):		Social Security Number:	
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undeclared	
City:	State:	Zip:	Date of Birth (MM/DD/YY): Age:
County:	Phone Number:		Ethnicity Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Undeclared
Email Address:			
Emergency Contact: (Name and Phone)			
Race (Check all that apply): <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Undeclared			
U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you registered with the Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you are NOT a U.S. Citizen, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide a copy of alien registration documentation including: Registration Number: _____ Expiration Date: _____		
Is English your native language? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Seasonal/Migration Worker: <input type="checkbox"/> No <input type="checkbox"/> Migrant food processor <input type="checkbox"/> Seasonal farm worker <input type="checkbox"/> Migrant farm worker			
II. PERSONAL INFORMATION			
Employment status at time of application: <input type="checkbox"/> Employed (includes any work as a paid employee, any work for your own business, any unpaid work in a family business, and a job from which you have temporarily been absent) <input type="checkbox"/> Employed, but received Notice of termination of employment or military separation <input type="checkbox"/> Not Employed			
Unemployment compensation eligible status: <input type="checkbox"/> Claimant (NOT referred by WPRS) <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant or exhaustee			
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			How many dependents do you have under the age of 18 in your household?
How many people (including yourself) are in your household that are related to you by blood, marriage, or decree of court?			
Please list all household members & income, if applicable.			Income Type * (Wages, Self-Employment, Social Security, Disability, Child Support)
Name / Relationship / Age	Monthly Income		
(Self)			

*If NO household income is listed, please provide an explanation of how your living expenses are being met:

Are you.....

Pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	A displaced homemaker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A single parent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	A victim or witness of violence or other abuse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A high school drop out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Homeless?		
In danger of dropping out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, do you live in a shelter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A runaway?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are one or both of you parents incarcerated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A migrant or seasonal farm family member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
A foster child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Do you have..

Chronic behavior problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Limited English proficiency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
History of family literacy problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	A lack of occupational skills/goals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A substance abuse problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any chronic problems or disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have you ever been convicted of a misdemeanor? If YES, please list: YES NO

Have you ever been convicted of a felony? If YES, please list: YES NO

III. VETERAN STATUS

Veteran Status:

- NO (If no, continue to Section IV.)
- YES, Served Active Duty less than or equal to 180 days & had other than dishonorable/release
- YES, Eligible Veteran who served active duty over 180 days & had other than dishonorable/release
- YES, Other Eligible Person

Campaign Veteran:

- YES, Eligible Veteran who received a campaign badge or expeditionary, medal listed by OPM, for service
- NO

Disabled Veteran:

- YES, Disabled Veteran (Service-connected disability resulting in release from active duty and or entitlement to compensation. Disability rated between 0% and 30%)
- YES, Special Disabled (Rated at 30% or more or 10-20% and determined by DVA to have serious employment handicap.)
- NO

Transitioning Service Member

- YES, Active military status currently and either within 24 months of retirement or 12 months of separation from armed forces
- NO

Date of military separation (MM/DD/YY):

Have you attended a Transition Assistance Program (TAP) workshop within the past three years? YES NO

IV. SPOUSE OF VETERANS

- NO (If no, continue to section V.)
- YES, Veteran who died of a service connected disability

- YES, Member of the Armed Forces serving on active duty who at the same time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
- Missing in Action
 - Forcibly detained or interned in the line of duty by a foreign government or power
 - Captured in the line of duty by a hostile force

YES, Veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veteran Affairs

YES, Veteran who died while a disability, as indicated was in existence.

V. DISABILITY STATUS

Disability:

- NO (If no, continue to Section VI.)
- YES, physical or mental impairment that limits one or more major life activity
- Undeclared

Category of Disability:

- Physical impairment (including mobility and sensory impairments)
- Mental impairments (including cognitive and learning impairments)
- BOTH physical and mental impairments
- Undeclared

If yes: Barrier to employment Undeclared

Do you have an Individual Education Plan (IEP)? (YOUTH ONLY) YES NO

VI. EDUCATION STATUS AND LANGUAGE SKILLS

Current Education Status:

- Not enrolled
- Attending HiSET classes
- Attending High School
- Attending post-secondary training

Are you currently a full-time student at Indian Hills Community College? YES NO

If yes, academic program: _____

If yes, are you currently receiving a Pell Grant? YES NO

If no, are you planning to attend school within the next four months? YES NO

What is your academic program of interest? _____

Highest Education Completed:

- Did not obtain HS diploma or equivalent; highest grade completed: _____
- Attained High School Diploma
- Attained GED or equivalent
- Attained other post secondary degree or certification
- Attained Associate's Degree
- Attained Bachelor's Degree
- Education beyond Bachelor's Degree

VII. INVOLVEMENT WITH OTHER AGENCIES

Within the last six months, have you received the following:

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Family Investment Program (FIP)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | General Assistance or Refugee Cash Assistance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Supplemental Security Income (SSI)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Food Assistance (SNAP)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Social Security Disability Insurance (SSDI)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Free/Reduced Lunch? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | | Foster Care? Type: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please indicate any current or previous program involvement:

Contact Person:

- | | |
|--|-------|
| _____ Vocational Rehabilitation | _____ |
| _____ Veterans' Administration | _____ |
| _____ Promise Jobs | _____ |
| _____ Workforce Innovation Opportunity Act | _____ |
| _____ Trade Act | _____ |
| _____ Proteus | _____ |

_____ Probation/Parole	_____
_____ Work Release	_____
_____ County Relief	_____
_____ GAP/PACE	_____

VIII. BARRIERS TO EMPLOYMENT AND/OR EDUCATION

Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have steady housing? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have access to reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If applicable, do you have access to safe childcare? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you anticipate a need for assistance with bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a reliable source of communication? (cell phone, email etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform essential functions of this program/career with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO	

What other barriers do you think might prevent your success in the program? Please explain:

IX. EMPLOYMENT HISTORY (Starting with most recent.)

Name of business:	Location (City, State):	
From (MM/DD/YY):	To (MM/DD/YY):	Petition Number (TRADE ONLY):
Have you received a termination notice/letter? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Anticipated layoff date, if applicable
Type of separation: <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Threatened <input type="checkbox"/> N/A	Last hourly wage rate:	Number of hours worked during the last full week of work:
Reason for separation: <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other (Specify)	If reason for separation was for other than lack of work, explain:	
Last job title:	Job duties:	

Name of business:	Location (City, State):	
From (MM/DD/YY):	To (MM/DD/YY):	Petition Number (TRADE ONLY):
Have you received a termination notice? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Anticipated layoff date, if applicable
Type of separation: <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Threatened <input type="checkbox"/> N/A	Last hourly wage rate:	Number of hours worked during the last full week of work:
Reason for separation: <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other (Specify)	If reason for separation was for other than lack of work, explain:	
Last job title:	Job duties:	

Name of business:		Location (City, State):	
From (MM/DD/YY):		To (MM/DD/YY):	Petition Number (TRADE ONLY):
Have you received a termination notice? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Anticipated layoff date, if applicable
Type of separation: <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Threatened <input type="checkbox"/> N/A		Last hourly wage rate:	Number of hours worked during the last full week of work:
Reason for separation: <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other (Specify)		If reason for separation was for other than lack of work, explain:	
Last job title:		Job duties:	

APPLICANT INFORMATION CERTIFICATION

*I give this information to support my request for a determination of eligibility for the WIOA, GAP, PACE, and/or Just in Time.

*I certify that the information in this application is true and correct including the citizenship status information. If this information is found to be incorrect, I understand that I will be responsible for any overpayment and penalty made as a result of that incorrect information and that I may be prosecuted for fraud.

*I understand my criminal and driving record will be reviewed during eligibility review, and the findings may impact enrollment and/or assistance available.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regards to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

SIGNATURE OF APPLICANT		DATE	
Parent/Legal Guardian (if applicant is under age 18): I certify by my signature below that the information provided in this application is correct to the best of my knowledge and that if accepted, my dependent may participate in employment and training programs.			
SIGNATURE OF PARENT/LEGAL GUARDIAN		DATE	



Release of Information for Wage Documentation

Please print clearly:

Name (First and Last)
Social Security Number

By completing this form, I give permission for Indian Hills Community College's Pathway Navigators to have access to wage information provided by IowaWORKS. Documentation of household income is required to determine eligibility for GAP and/or PACE participation.

Signature and Date

Release of Information for Additional Programs and Services

I hereby authorize Indian Hills Community College's Pathway Navigators to share information provided on my application with the following agencies for the purpose of completing a referral for consideration of additional services for which I may qualify:

If you would not like a referral made, please check the box of the agency to which you are refusing referral.

- | | |
|---|--|
| <input type="checkbox"/> Iowa Vocational Rehabilitation | <input type="checkbox"/> Proteus |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Dept. of Human Services |
| <input type="checkbox"/> Local community action agency | <input type="checkbox"/> Lions Club |
| <input type="checkbox"/> IowaWORKS | <input type="checkbox"/> General Assistance |

Signature and Date