

# Application Document

Customer: \_\_\_\_\_

Current Date \_\_\_\_\_

## Application Definition

Statutory Program:  WIA  WTW  TAA/NAFTA  Occupational Bridge Contact Date: \_\_\_\_\_  
LWA: 5 Center:  Elgin  N. Aurora  DeKalb  Yorkville  Eastside  
Case Manager: \_\_\_\_\_ Partner: \_\_\_\_\_

## Applicant Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ County (for in-state addresses) \_\_\_\_\_

## Additional Contacts

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Contact: \_\_\_\_\_

## Private Information

Social Security Number \_\_\_\_\_ Hispanic or Latino?  Yes  No  
 American Indian or Alaskan Native Gender  Male  Female  
 Asian Birth Date \_\_\_\_\_  
 Black Mother's Maiden Name \_\_\_\_\_  
 Hawaiian or Pacific Island **Authorized to Work in USA**  Yes  No  
 Prefer Not to Answer Selective Service Compliant  Yes  No  
 White If Yes specify Selective Number \_\_\_\_\_  
Disability Status Category of disability  
 No disability  Disability Affecting Employment  Physical Impairment  
 Disability  Development Disability  Mental Impairment  
 Learning Disability  Both Physical and Mental Impairment

## Veteran Information

Veteran Status:  Not a Veteran  Veteran  Qualified Spouse  Transitioning Service Member  
This section applies only to Veterans and Qualified Spouses:  
Branch of Service: \_\_\_\_\_ Date of Service from: \_\_\_\_\_ To: \_\_\_\_\_  
 Air Force  
 Army Nature of Military Discharge  
 Coast Guard  Honorable  Dishonorable  
 Navy  Less than Honorable  Service Connected Disability  
 US Marines  
Service Connected Disability: \_\_\_\_\_ Armed Forces Campaign or Expeditionary Medal  Yes  No  
 No  
 Disabled Vet US Citizen  Yes  No  
 Special Disabled Vet

## Education Status

Highest Grade Completed:  
 0  4  HS Freshman  Cert. Attend/Completion  Other Post Secondary  
 1  5  HS Sophomore  College Freshman  Masters  
 2  6  HS Junior  College Sophomore  Doctorate  
 3  7  HS Senior - No diploma  College Junior  GED  
 8  HS Senior - with diploma  College Senior  Not Reported

Pell Grant Recipient  Yes  No Pursuing Diploma/Certificate?  Yes  No  
If Yes, Pell Grant Amount \_\_\_\_\_ Attending School?  Yes  No  
Full-time attending school?  Yes  No  
Attending Alternative School?  Yes  No  
High School Dropout?  Yes  No

The following are determined by IWDS:  
Basic Skills Deficient?  Yes  No  
Youth In/Out School?  In school  Out School  NA Behind grade level?  Yes  No

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## Work History

Employer Name \_\_\_\_\_  
Employment Status: \_\_\_\_\_ Job Title \_\_\_\_\_  
 Employed  Fired Wages: \_\_\_\_\_  
 Employed, Layoff Pending  Quit \_\_\_\_\_  
 Labor Dispute  Laid Off Wages Per: \_\_\_\_\_ Hrs per week \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Day  
 Hour  
 Week  
 Month  
 Year  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Job Duties \_\_\_\_\_

Primary Occupation  Yes  No Dislocation?  Yes  No  
Self-Employed?  Yes  No Family member/Farmhand?  Yes  No

Layoff Reason:  
 Lack of Work at Employer  General Economic Conditions  
 Plant Closure  Clean Air Act  
 Substantial Layoff  Defense Reductions  
 In Process of Going Out of Business  Trade Impact Employment  
 Flood or Other Natural Disaster  Qualifying Federal Dislocation Event

Date Notified of Layoff: \_\_\_\_\_

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Employer Name \_\_\_\_\_  
Employment Status: \_\_\_\_\_ Job Title \_\_\_\_\_  
 Employed  Fired Wages: \_\_\_\_\_  
 Employed, Layoff Pending  Quit \_\_\_\_\_  
 Labor Dispute  Laid Off Wages Per: \_\_\_\_\_ Hrs per week \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Day  
 Hour  
 Week  
 Month  
 Year  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Job Duties \_\_\_\_\_

Primary Occupation  Yes  No Dislocation?  Yes  No  
Self-Employed?  Yes  No Family member/Farmhand?  Yes  No

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## Family Characteristics

Family Type:

- Not a Family Member
- Not Reported
- Other Family Member
- Parent in One-Parent Family
- Parent in Two-Parent Family

Family Size \_\_\_\_\_  
 Dependents Less than 18 Years \_\_\_\_\_  
 Family of 1 Due to Disability?  Yes  No

Name (s) of Family Member (s)	Relationship	Age	Dependent	Has Income?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Characteristics and Barriers

Drug/Alcohol Dependency?  Yes  No      Offender-Misdemeanor?  Yes  No  
 Limited English Proficiency?  Yes  No      Homeless?  Yes  No  
 Offender – Felon?  Yes  No

## Barriers (If Applicable)

Enroll under 5% window?  Yes  No      Youth Needing Assistance?  Yes  No  
 Youth at risk of dropping out?  Yes  No      Foster Child?  Yes  No  
 Pregnant/Parenting Youth?  Yes  No      Youth Aged out of Foster Care?  Yes  No  
 Runaway Youth?  Yes  No      Serious Barriers to Employment as Defined  
 Ward of State?  Yes  No      by LWIB?  Yes  No

## Public Assistance

Transitional Assistance?  Yes  No      TANF?  Yes  No  
 Refugee Help?  Yes  No      DHS Case Number \_\_\_\_\_  
 SSI?  Yes  No      Months received TANF in Prior 60 Months? \_\_\_\_\_  
 On Food Stamps?  Yes  No

## Income and Expenses

### Income

Wages	
Self-Employed Wages	
Spouse Wages	
Pension	
Insurance Annuity	
Alimony	
Allowance:	
Social Security:	
Public Assistance:	
Unemployment:	
Other:	
<b>Income Total:</b>	

### Expenses

Rent/Mortgage:	
Utilities:	
Installment Payments:	
Savings:	
Insurance:	
Support Payments:	
Transportation:	
Food:	
Clothing:	
Household Supplies:	
Medical/Dental:	
Miscellaneous:	
<b>Expense Total:</b>	

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## Verification & Review

NOTICE OF CERATIFICATION: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the WIA post-termination follow-up. I hereby acknowledge that the information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from any Workforce Investment Act program and may be subject to legal prosecution. I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my right to file a complaint.

As a parent/guardian of the applicant I have read and understand the preceding paragraph. Further, I consent to his/her participating in any of the training and work experience programs offered through the Workforce Investment At, and further consent to and waive notice of such future changes in the applicant's training and work experience as may be arranged by the applicant and the administering agency.

Signature of Customer or Representative: \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Parent of Guardian: \_\_\_\_\_ Date Signed \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

## For Staff Use

DETS ID: \_\_\_\_\_ TAA Petition \_\_\_\_\_ NAFTA Petition \_\_\_\_\_  
Received Rapid Response?  Yes  No Date Last Received Rapid Response Services \_\_\_\_\_  
NAICS Code \_\_\_\_\_ Declining? \_\_\_\_\_ (Determined by IWDS based on NAICAS Code)  
NAICS Description \_\_\_\_\_  
O\*Net Code \_\_\_\_\_ Low Growth? \_\_\_\_\_ (Determined by IWDS based on NAICAS Code)  
O\*Net Description \_\_\_\_\_

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## Employment Plan

Please fill in appropriate and realistic answers, based on your work history.

1. In what occupations would you say you are skilled? (Use specific job title) Did you have formal training for the occupation listed, and if so, do you have any formal credential or certification?

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2. What is your job goal? (Use specific job title) Does it require any additional training or certification?

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3. How long have you been job searching? What methods have you used in your job search? **Attach a copy of your resume**

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4. How soon must you obtain employment?

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5. Do you feel you have any challenges to re-entering employment? If so, what are they?

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6. What type of transportation do you use to get to work? Are there any issues you face regarding transportation?

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7. How far are you willing to commute to work?

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8. Do you require child care while working? If so, who are your child care providers?

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## Interest Survey

This survey has been designed to help you communicate your employment-related needs to KCDEE. The information that you give will help us provide a program or services to meet your personal, training and career needs and concerns. Your response is confidential and does not commit you to participate in programs offered through KCDEE.

**1. What are your current plans? (check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Look for another job | <input type="checkbox"/> Retrain for another career | <input type="checkbox"/> Enroll in school       |
| <input type="checkbox"/> Start own business   | <input type="checkbox"/> Plan to retire             | <input type="checkbox"/> Relocate out of area   |
| <input type="checkbox"/> Leave workforce      | <input type="checkbox"/> Not sure                   | <input type="checkbox"/> Upgrade current skills |
- Other (specify) \_\_\_\_\_

**2. What are your concerns with finding a job? (check all that apply)**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Lack of skills | <input type="checkbox"/> Education  | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Upgrade skills | <input type="checkbox"/> Relocation | <input type="checkbox"/> Child care     |
| <input type="checkbox"/> Age            |                                     |   |
- Physical limitations (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**3. Do you need personal assistance with any of the following? (check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Credit/debit management      | <input type="checkbox"/> Resume writing            | <input type="checkbox"/> Veteran's benefits   |
| <input type="checkbox"/> Child care while in training | <input type="checkbox"/> Job Search assistance     | <input type="checkbox"/> Interviewing skills  |
| <input type="checkbox"/> Job or career counseling     | <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Education assistance |
| <input type="checkbox"/> Personal stress counseling   | <input type="checkbox"/> Local Job Market          |   |

**4. Which of the following services/programs do you feel you need to regain employment? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Career exploration         | <input type="checkbox"/> Skills upgrade training (upgrade existing skills) |
| <input type="checkbox"/> Job search skills training | <input type="checkbox"/> Vocational retraining (based on assessment)       |

**5. What is your occupational interest? \_\_\_\_\_**

**6. Please indicate when you could be committed to plan on participating in our services.**

- |  |  |
|--|--|
| <input type="checkbox"/> Immediately                         | <input type="checkbox"/> Immediate after layoff (if applicable) _____ (date)           |
| <input type="checkbox"/> Within 6 months of this application | <input type="checkbox"/> Don't know <input type="checkbox"/> Can't commit at this time |

**7. Comments/questions?**

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Thank you for completing this survey. Good luck in your employment endeavors!

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## Concurrent Programs

Adult Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Job Corps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Farmworker Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Native American Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Workforce Investment Pgms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trade Adjustment Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NAFTA-TAA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vocational Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational Rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wagner Peyser	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title V Activities (OAA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comm. Servc Blk Grant Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HUD Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other non-WIA program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's DVOP/LVER	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Credentials

Credential:

<input type="checkbox"/> HS Diploma/Equivalency/GED	Institution		Date Attained:	
	Source			
	<input type="checkbox"/> Copy of Certificate			
	<input type="checkbox"/> Copy of Credential			
	<input type="checkbox"/> Copy of Degree			
	<input type="checkbox"/> Copy of Diploma			
<input type="checkbox"/> AA or AS Diploma/Degree	Institution		Date Attained:	
	Source			
	<input type="checkbox"/> Copy of Certificate			
	<input type="checkbox"/> Copy of Credential			
	<input type="checkbox"/> Copy of Degree			
	<input type="checkbox"/> Copy of Diploma			
<input type="checkbox"/> BA or BS Diploma or Degree	Institution		Date Attained:	
	Source			
	<input type="checkbox"/> Copy of Certificate			
	<input type="checkbox"/> Copy of Credential			
	<input type="checkbox"/> Copy of Degree			
	<input type="checkbox"/> Copy of Diploma			
<input type="checkbox"/> Occupational Skills License	Institution		Date Attained:	
	Source			
	<input type="checkbox"/> Copy of Certificate			
	<input type="checkbox"/> Copy of Credential			
	<input type="checkbox"/> Copy of Degree			
	<input type="checkbox"/> Copy of Diploma			
<input type="checkbox"/> Other	Institution		Date Attained:	
	Source			
	<input type="checkbox"/> Copy of Certificate			
	<input type="checkbox"/> Copy of Credential			
	<input type="checkbox"/> Copy of Degree			
	<input type="checkbox"/> Copy of Diploma			

## Employment Characteristics

Labor Force Status	Unemployed Insurance Status	Under-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Receiving Benefits	
<input type="checkbox"/> Employed	<input type="checkbox"/> Eligible, but not receiving benefits	
<input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Exhausted Benefits	
<input type="checkbox"/> Employed-Rec'd Notice of Layoff/Mil Sep		

The following is determined by IWDS:

UI Profilee?  Yes  No  
 Migrant Status?  Yes  No

Primarily Employed in Farm Work?

At least 50% income earned  
 At least 50% work time  
 Both of Above  
 No

Minimum Threshold of Farm Work Performed

At least 25 days worked  
 At least \$800 earned  
 Both of Above  
 No

Type of Qualifying Farm Work?

Agricultural Production and Services  
 Food Processing Establishments

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## Dislocated Worker Characteristics

Requires additional assistance?  Yes  No  
 Unemployed at least six months prior to application  Yes  No  
 Completed one month of job search  Yes  No  
 Displaced Homemaker  Yes  No  
 Received Disaster Relief Assistance  Yes  No

## Income Calculation

Month	1	2	3	4	5	6	Row Total
Wages							
Self-Employed Wages							
Pension							
Insurance Annuity							
Alimony							
Other							
<b>Total</b>							

The following are determined by IWDS:

Average Monthly Income \_\_\_\_\_ Average Annual Income \_\_\_\_\_ Total Income for Prior 6 Months: \_\_\_\_\_

## WIA Additional Criteria (If Applicable)

**Intensive Services**

Unable to Obtain or Retain Self-Sufficient Employment with Core Services?  Yes  No  
 In Need of Intensive Services?  Yes  No

**Training Services**

Unable to Obtain or retain Self-sufficient Employment with Intensive Services?  Yes  No  
 In Need of Training Services?  Yes  No  
 Meets Qualifications for selected training Program?  Yes  No  
 Selected Training Program is in Demand?  Yes  No  
 Other Grant Sources are Unavailable?  Yes  No

## Most Recent NRP Information (If Applicable)

NRP Period Dates: \_\_\_\_\_ NRP Start Date: \_\_\_\_\_ NRP End Date: \_\_\_\_\_

NRP Characteristics: NRP Labor Force Status:  Unemployed  Employed  Not in Labor Force  
 NRP Unemployed Insurance Status:  Receiving Benefits  Eligible, but not receiving benefits  Exhausted Benefits  Not Eligible/Not Determined

Meets Enrollment Deadline?  Yes  No  
 Making Satisfactory Progress?  Yes  No  
 Receiving No Other allowances?  Yes  No

## NRP Income Calculation (If Applicable)

Month	1	2	3	Row Total
Wages				
Self-Employed Wages				
Pension				
Insurance Annuity				
Alimony				
Other				
<b>Total</b>				

The following are determined by IWDS:

Average Monthly Income \_\_\_\_\_ Average Annual Income \_\_\_\_\_

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## TAA Training Criteria (If Applicable)

TAA Petition Number \_\_\_\_\_ NAFTA Petition Number \_\_\_\_\_

There is no suitable employment (*which may include technical and professional employment*) available for any adversely affected worker?  Yes  No

The worker would benefit from appropriate training?  Yes  No

There is a reasonable expectation of employment following completion of such training?  Yes  No

Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (*which may include area vocational schools, as defined in Section 195(2) of the Vocational Education Act of 1963 for employers*)?  Yes  No

The worker is qualified to undertake and complete such training?  Yes  No

Such training is suitable for the worker and available at a reasonable cost?  Yes  No

Has participated ATAA?  Yes  No

## TAA Additional Info (If Applicable)

ATAA Certified?  Yes  No

Certification/Decision Date: \_\_\_\_\_

Participation in ATAA?  Yes  No

Petition Impact Date: \_\_\_\_\_

Was Rapid Response Provided:  Yes  No

State Funding TAA Training: \_\_\_\_\_

Petition Expiration Date: \_\_\_\_\_

Date BRO was signed: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Meets TRA 8/16 Requirement?  Yes  No

Meets 210 Day Requirement?  Yes  No

Is Illinois Responsible for Payment of UI/TRA Benefits?

N/A Customer Not Eligible  Yes, Illinois Responsible

N/A Customer Not Receiving Benefits  No, Another State Responsible

## Customer Eligibility

Title/Program	Eligibility Date	Certification Date
_____	_____	_____

I have reviewed the eligibility criteria for these Titles, along with all the required documents, and certify that this customer is eligible as designated.

Signature of Case Manager \_\_\_\_\_

Initial Eligibility Determination Date: \_\_\_\_\_