

<p style="text-align: center;">Kane County Department of Employment and Education Youth Services Program</p>

Required Documentation

In order for your application to be approved, certain documentation must be provided to meet KCDEE guidelines. Below is a partial list of the types of documentation that may be used to meet these guidelines. Your youth representative will provide you with additional allowable forms of documentation.

Proof of Date of Birth

- Birth Certificate
- Driver's License
- State Identification Card

Proof of Family Income

- Pay Stubs
- Social Security award letter

Proof of Eligibility to Work in the United States

- Birth Certificate
- Alien Registration
- Pay Stubs

Proof of Current Address

- Driver's License
- State Identification Card
- Utility Bill

Proof of Family Size

- Birth Certificates (for every household member)
- Lease
- Marriage Certificate

Proof of Compliance with Military Selective Service Act

(Applies Only to Males 18 Years of Age or Older)

- Selective Service Card

Youth Application Document

Customer: _____

Current Date _____

Application Definition

Statutory Program: WIA WTW TAA/NAFTA Contact Date: _____
LWA: 5 Center: Elgin N. Aurora DeKalb Yorkville Eastside
Case Manager: _____ Partner: River Valley Workforce Investment Board

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 Honorable Dishonorable
 Coast Guard Less than Honorable Service Connected Disability
 Navy
 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 Behind grade level? Yes No
Youth In/Out School? In school Out School NA

Youth Application Document

Customer: _____

Current Date _____

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: _____

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
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 Flood or Other Natural Disaster Qualifying Federal Dislocation Event

Date Notified of Layoff: _____

Youth Application Document

Customer: _____

Current Date _____

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 – For Office Use Only

<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migrant Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Primarily Employed in Farm Work?

<input type="checkbox"/> At least 50% income earned
<input type="checkbox"/> At least 50% work time
<input type="checkbox"/> Both of Above
<input type="checkbox"/> No

Minimum Threshold of Farm Work Performed

<input type="checkbox"/> At least 25 days worked
<input type="checkbox"/> At least \$800 earned
<input type="checkbox"/> Both of Above
<input type="checkbox"/> No

Type of Qualifying Farm Work?

<input type="checkbox"/> Agricultural Production and Services
<input type="checkbox"/> Food Processing Establishments

Characteristics and Barriers

Youth Application Document

Customer: _____

Current Date _____

Drug/Alcohol Dependency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Offender-Misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited English Proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Offender - Felon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Barriers (If Applicable)

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

Public Assistance

Transitional Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TANF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refugee Help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DHS Case Number	_____	
SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Months received TANF in Prior 60 Months?	_____	
On Food Stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Family Characteristics

<p>Family Type:</p> <input type="checkbox"/> Not a Family Member <input type="checkbox"/> Not Reported <input type="checkbox"/> Other Family Member <input type="checkbox"/> Parent in One-Parent Family <input type="checkbox"/> Parent in Two-Parent Family	<p>Family Size _____</p> <p>Dependents Less than 18 Years _____</p> <p>Family of 1 Due to Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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
_____	_____	_____	<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
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_____	_____	_____	<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
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_____	_____	_____	<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

Income Calculation - For Office Use Only

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

The following are determined by IWDS:
 Average Monthly Income Average Annual Income Total Income for Prior 6 Months:

Youth Application Document

Customer: _____

Current Date _____

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 Office 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 _____