

# Creating Futures (WIOA young adult)

Serving Linn, Johnson, Jones, Benton, Iowa, Washington, and Cedar Counties

Applicant Information			
Full Name: _____ (Last) (First) (Middle) (Maiden)			
Address: _____ (Street) (City) (State) (Zip Code) (County)			
<input type="checkbox"/> I am homeless			
Home Phone:	Cell Phone:	Email Address:	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Social Media			
Emergency Contact Information			
The person whose name is listed below can always contact me:			
Name: _____		Relationship: _____	
Address: _____		Phone: _____	
Demographic Information			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undeclared	Date of Birth: (mm/dd/yyyy)	Age Today:	Social Security Number:
Race (You May Check One or More): <input type="checkbox"/> White <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Unknown/Undeclared			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Ethnicity: Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Male under 18 <input type="checkbox"/> N/A Female			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you registered to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Driver's License Information		
Do you have a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, do you have a permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own/are you purchasing vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran Information		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Entered: _____	Date of Separation: _____	
Type of Separation: _____	Branch: _____	
Education History		
High School		
Name of School: _____		
Are you currently attending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Grade Level: _____
Did you receive a diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you drop out of high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____	Last grade completed: _____	
If yes, why? _____		
If yes, did you obtain your GED/HSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Post-Secondary School		
Name of College: _____		
Did you receive a degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: _____
Are you currently enrolled in classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major: _____
Education and Employment Goals		
Highest Level of Education Completed (circle one)?	HS Diploma/HSED    13    14    15    Bachelor's    Above	
Would you like to further your education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you selected a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What school? _____		
What course of study? _____		
Have you completed the FASFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you receive the Pell Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No    How much? \$ _____	
What is your career goal? _____		
Other Agency Involvement		
Agency	Yes or No	Contact Person & Phone Number
Vocational Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
PROMISE JOBS Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Probation/Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
General Relief	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
GAP/PACE	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Family Information**

**What is your family size?** \_\_\_\_\_ (How many family members, including yourself, related to you by blood, marriage, court decree, or adoption live in your household.)

Please list below all individuals in your household, whether they are included in the above family size or not:

Name	Date of Birth	Relationship to You	Employer	Last 6 Months of Gross Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Public Assistance Information**

Within the last 6 months, have you received any of the following:

Yes or No:	Assistant Type:	Amount Per Month:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Investment Plan (FIP)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Insurance (SSDI)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Aid to Refugees	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance (GA)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Free/Reduced Lunches	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$ _____

**Personal Information**

- Yes  No Are you pregnant?
- Yes  No Are you a parent?
- Yes  No Are you currently in foster care?
- Yes  No Are you a runaway?
- Yes  No Are you involved with the Adult or Juvenile System?
- Yes  No Did you age out of foster care at age 18 or receive 1 year of TAL (Transition to Adult Living) services after age 14?
- Yes  No Are you an English Language Learner?
- Yes  No Is English your native language? If NO, do you have limited ability to speak English?  Yes  No
- Yes  No Do you have chronic health problems including disabilities? Do you have an IEP?  Yes  No
- Yes  No Are you a migrant youth?
- Yes  No Is one or both of your parents incarcerated?
- Yes  No Do you have behavior problems at school?
- Yes  No Do you have family literacy problems?
- Yes  No Are you a victim/witness of domestic violence or other abuse?
- Yes  No Do you have a substance abuse problem?
- Yes  No Do you have cultural barriers that may be a hindrance to employment?
- Yes  No Are you a refugee?



I hereby affirm that the information provided on this application is true and complete, to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for Workforce Innovation and Opportunity Act (WIOA) program activities, and may be considered justification for dismissal from the program, if discovered at a later date. I understand that my eligibility for WIOA programs DOES NOT guarantee that I will be enrolled into the program.

I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes.

Further, I understand that this information will be used to determine my eligibility for programs under WIOA legislation. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud if I am found ineligible after enrollment. Also, I authorize the use of my Social Security Number as an identifier for WIOA program administration purposes.

My signature below also provides authorization for my consultant or those working on my behalf through WIOA to communicate with me through social media.

**PLEASE SIGN IN INK**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18):**

As the Parent/Legal Guardian of the above applicant, I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted my dependent may participate in the WIOA Youth Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WIOA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed applications may be returned to:**

<b>IowaWORKS/Kirkwood Skills to Employment</b> 4444 1 <sup>st</sup> Avenue NE Suite 436 Cedar Rapids, Iowa 52402 Phone-319-365-9474	<b>IowaWORKS/Kirkwood Skills to Employment</b> 1700 South First Avenue Suite 11B Iowa City, IA 52240 Phone – 319-551-9779
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Visit our website at [www.kirkwood.edu/creatingfutures](http://www.kirkwood.edu/creatingfutures)