



WIOA Pre-Screening Application

Thank you for your interest in the Workforce Innovation and Opportunity Act (WIOA) Program.

The purpose of this screening form is a tool for applicants to provide information that can be reviewed to determine their possible eligibility for WIOA program services. The completion and submission of the form by an applicant does not constitute a definitive eligibility determination. This tool helps the WorkSource Southern Georgia staff determine if the applicant should be requested to make an appointment with staff to complete a final application to determine eligibility and WIOA program enrollment.

CONTACT INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____

Street Address: _____

City, State & Zip: _____

County: _____ **Email Address:** _____

Mobile/Cell Phone: _____ **Home Phone:** _____

Date of Birth: _____ **Age:** _____

DEMOGRAPHIC INFORMATION

Gender Male Female Do not wish to identify

Selective Service Yes No Exempt

Disability Yes No Do not wish to disclose

Military Status None Veteran Spouse of Veteran Active Discharged

Authorized to Work in U.S.

Citizen of U.S. U.S. Permanent Resident Alien/Refugee Lawfully Admitted

If U.S. Citizen or Permanent Resident provide Social Security Number: _____

If Alien/Refugee please provide Alien/Visa Registration Number & Expiration Date:

Alien/Visa Registration #: _____ Expiration Date: _____

Hispanic Heritage Yes No Not Provided

| | | | |
|-------------|--|--|--|
| Race | <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Hawaiian/Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Do not wish to identify |

EDUCATION INFORMATION

Current School Status - Indicate if you are attending:

Not attending any school High School GED/HS Equivalency Classes College/Technical School

If yes, where are you enrolled?

Name of School: _____ When do you expect to finish? _____

In good academic standing? Yes No **In good financial aid standing?** Yes No

Highest Education Level (check all that apply):

Less Than High School High School Graduate GED Some College Associate's Degree

Bachelor's Degree Advanced Degree Technical School Certificate or Credential

If you currently hold a certificate, diploma or degree please specify field: _____

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EMPLOYMENT INFORMATION

Employment Status Employed Not Employed Employed, but received a notice of termination/layoff.

Current/Previous Hourly Rate: _____ **Occupation:** _____

Unemployment Insurance (UI) Eligibility No Claimant Exhaustee

Number of Weeks Unemployed: _____

Layoff Date: _____

Employer Name: _____

Employer Address: _____

City, State & Zip _____

Hourly Rate of Pay: _____

PUBLIC AND OTHER ASSISTANCE

| | | | |
|---|------------------------------------|---------------------------------|---|
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Applicant | <input type="checkbox"/> Family | <input type="checkbox"/> Not Applicable |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Applicant | <input type="checkbox"/> Family | <input type="checkbox"/> Not Applicable |
| Supplemental Security Income (SSI) | <input type="checkbox"/> Applicant | <input type="checkbox"/> Family | <input type="checkbox"/> Not Applicable |
| Social Security Disability Insurance Income (SSDI) | <input type="checkbox"/> Applicant | <input type="checkbox"/> Family | <input type="checkbox"/> Not Applicable |

Do you receive child care assistance from any federal or state agency? Yes No

If yes, does this assistance cover all of your child care cost? Yes No

Agency Name _____ Amount Received Per Week _____

Do you receive transportation assistance from any federal or state agency? Yes No

If yes, does this assistance cover all of your transportation costs? Yes No

Agency Name _____ Amount Received Per Week _____

Received, or has been notified will receive, Pell Grant Yes No

Received, or has been notified will receive, HOPE Grant Yes No

Have you been denied or lost the HOPE Grant? Yes No

Foster Child (state or local payments are made for applicant): Yes No Not Applicable

Youth currently living in a high-poverty area? Yes No Not Applicable

Youth currently receives, or is eligible to receive, free or reduced lunch? Yes No Not Applicable

BARRIERS

English Language Learner Yes No

Homeless Yes No

Ex-Offender (*individual has been arrested/convicted of a crime*) Yes No

Single Parent (*including single pregnant women*) Yes No

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FAMILY SIZE

| | | | | | |
|--|--|--|--|-----------------------------------|------------------------------------|
| Marital Status | <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |
| Number living in your household | Adults: _____ | | Children: _____ | | |
| If children, are any under the age of 13? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |
| Past 6 months Family Income: | <input type="checkbox"/> \$10,000 or under | <input type="checkbox"/> \$11,000 - \$20,000 | <input type="checkbox"/> \$21,000 - \$30,000 | | |
| | <input type="checkbox"/> \$31,000 - \$40,000 | <input type="checkbox"/> \$41,000 - \$50,000 | <input type="checkbox"/> Over \$50,000 | | |

OTHER INFORMATION

| | | | | |
|---|---------------------------------|---------------------------------------|---|-----------------------------------|
| How did you hear about this program? | <input type="checkbox"/> Friend | <input type="checkbox"/> Social Media | <input type="checkbox"/> WorkSource Website | <input type="checkbox"/> Referral |
| If applicable, what organization referred you to us? | _____ | | | |

| | | |
|---|------------------------------|-----------------------------|
| Have you ever been enrolled in a WIA/WIOA program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes – where and when? | _____ | |

| | | |
|---|---|-----------------------------|
| Have you already chosen a career? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what career? | _____ | |
| If no, what type of career are you most interested in? | | |
| <input type="checkbox"/> Medical/Healthcare | <input type="checkbox"/> Manufacturing, Construction, Transportation or Logistics | |
| <input type="checkbox"/> IT/Professional or Human Services | <input type="checkbox"/> Retail, Hospitality, Education or General | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Not Sure | |

| | | |
|---|------------------------------|-----------------------------|
| Are there any other services we could assist you with? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes – please specify: | _____ | |
| | _____ | |

By signing below: I certify the information that I have provided on this document is true and correct to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA.

Applicant Signature

Date

Parent/Guardian Signature (applicable for applicants under age 18)

Date