



Workforce Innovation & Opportunity Act (WIOA) Application

Document Checklist for Eligibility

Main Office: 3991 East 29th St
 Bryan, Texas 77802
 Drawer 4128
 Bryan, Texas 77805
 595-2801
 2810

Mailing: PO
Phone: 979-
 595-595-
Fax: 979-595-
Email:
 WSBVCenter@bvcog.org

BE SURE TO KEEP A PERSONAL COPY OF ALL SUBMITTED DOCUMENTS

TWIST ID: _____

1) Identification Information (submit any one (1) of the following):

- Valid State or Federal Issued Photo ID
- Valid State Issued Driver's License
- Current Photo School ID
- Voter's Registration Card
- Current U.S. Passport

2) Employment Eligibility (submit any one (1) of the following):

- Social Security Card
- Birth Certificate (U.S. or its possessions)
- Current U.S. Passport
- U.S. Citizen ID Card (INS Form I-197)

3) Household Income - Proof of Income for the last six (6) months for all household members:

- Last 6 months consecutive paystubs showing gross income
 Weekly Pay: 26 Check Stubs Bi-Weekly Pay: 14 Check Stubs Semi-Monthly Pay: 12 Check Stubs Monthly Pay: 6 Check Stubs
- Self-Employment Income
 Copies of business ledgers showing itemized self-employment income for the past 6 months, **AND**
 The previous year's federal tax return documentation.

4) Other Income - Documentation of other household incoming, including but not limited to:

- TANF and/or SNAP - letter(s) of current eligibility
- Child Support - report from the Office of Attorney General (OAG)
- Unemployment Benefits
- Worker's Compensation
- Social Security Benefits
- VA Benefits
- Retirement
- Other

5) Education:

- Copy of HS Diploma or HSE/GED Certificate
- Letter from career center of HSE/GED class enrollment
- Current class schedule (if applicable)
- Unofficial Transcript from school/training facility
- Financial Aid documentation or Award Letter

6) Additional Documentation - Please bring copies of the following if they apply to you or your case:

- Lay-off Letter or Reduction in Workforce Notice
- TANF and/or SNAP - letter(s) of current eligibility
- Individual School Lunch Award Letter
- Military Discharge Form(s) DD214
- Selective Service Registration (for all males 18+ years of age) - www.sss.gov/RegVer/wfVerification

Once you submit the completed Application and all supporting documentation, a Career Navigator will contact you within seven (7) days to schedule an appointment to discuss the components of the WIOA program and develop an individualized employment plan with you.



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APPLICANT INFORMATION

TWIST ID: _____

Name: <u>First</u> <u>Middle Initial</u> <u>Last</u>		
Date of Birth/Age:	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Residence Address:	Mailing Address:	
City, State, and Zip Code:	City, State, and Zip Code:	
County of Residence: <input type="checkbox"/> Brazos <input type="checkbox"/> Burleson <input type="checkbox"/> Grimes <input type="checkbox"/> Leon <input type="checkbox"/> Madison <input type="checkbox"/> Robertson <input type="checkbox"/> Washington		
Primary Phone:	Secondary Phone:	
Email Address:	Household Status: <input type="checkbox"/> Single <input type="checkbox"/> Living with Partner <input type="checkbox"/> Living with Parent(s) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Head of Household	
Preferred Method of Contact:	Preferred Language:	

CONTACTS

Please list two (2) people, that are not living with you, who will be able to locate you in case you move or change telephone numbers.

First Name, Last Name, Relationship:	Telephone # and Address:
First Name, Last Name, Relationship:	Telephone # and Address:

CHARACTERISTICS

Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a runaway youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 16+ and have left foster care for adoption/guardianship or aged out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you received Parent Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you remain at your jobsite overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have limited English proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have selective service registration (Males 18 years of age +) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you authorized to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Seasonal Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved in the Criminal Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No Most Recent Release Date: _____ <input type="checkbox"/> Misdemeanors ONLY <input type="checkbox"/> Arrest ONLY <input type="checkbox"/> Other	
Race - Check all that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Other	
Ethnicity - Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Highest Education Level Obtained: <input type="checkbox"/> High School Diploma/Equivalency <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Other (Please specify highest grade level completed): _____	
Currently Enrolled - Check all that Apply: <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> College <input type="checkbox"/> None	
Current School Status: <input type="checkbox"/> Enrolled and Attending <input type="checkbox"/> Registered, but Not Attending <input type="checkbox"/> Dropped Out	
Current School Name: _____	
Have you applied for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received any Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received assistance from Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever attended Job Corps? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list ANY Special Classes or Certifications you have taken/received, including military, vocational, and technical:

1. _____
2. _____
3. _____
4. _____
5. _____

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Please complete entire form, do not leave any question blank. Use N/A (not applicable) if it does not apply to you

EMPLOYMENT HISTORY

Has your job been affected by a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an individual that has been providing unpaid services to family members in the home and dependent on the income of another and is no longer being supported by their income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been terminated, laid off, received a notice of lay-off or been notified of a planned closure from you employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please list the name and address of Employer: _____	
Was this termination a result of a permanent closure or any substantial layoff at a plant or facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", does this disability prevent you from obtaining or retaining employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you actively looked for work in the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Current or most recent Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent
Previous Employer: _____	
Title: _____	
Start Date: _____	End Date: _____
Pay Rate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving: <input type="checkbox"/> Still Employed <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff-Temporary <input type="checkbox"/> Layoff-Permanent

MILITARY

Have you or your spouse served (Active Duty) in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Type: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other
Military Branch: _____ From ____/____/____ to ____/____/____	
Operation Iraqi Freedom? And/Or Operation Enduring Freedom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you discharged due to a service connected disability? And/Or Are you entitled to compensation under laws administered by the Veterans Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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FAMILY

How many individuals are in your household? _____

Complete the section below about **all individuals who live in your home**. Begin with your information, and then list the people who live with you and their relationship to you. List each person's date of birth and approximate gross monthly income.

Name	Relationship	Date of Birth	Social Security Number	Worked in the last six months	Amount of Income in the last six months
1	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHECK ANY BENEFITS YOU (OR A FAMILY MEMBER) RECEIVE NOW OR RECEIVED IN THE LAST SIX MONTHS:

Current	Last Six Months	Never			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutritional Assistance (SNAP)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance (UI)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trade Act Assistance (TAA)	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free or Reduced price school lunch	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Loans	<input type="checkbox"/> You	<input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pell Grant	<input type="checkbox"/> You	<input type="checkbox"/> Family Member

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QUESTIONNAIRE

How did you learn about the WIOA program?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adult Education & Literacy | <input type="checkbox"/> HHSC Program | <input type="checkbox"/> Housing Program | <input type="checkbox"/> Child Care Program |
| <input type="checkbox"/> Newspaper/Newsletter | <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Radio Station | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Training Program/Employer | <input type="checkbox"/> Friend | <input type="checkbox"/> Family Member | <input type="checkbox"/> Other |

ACKNOWLEDGEMENT

By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions Brazos Valley and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

Signature of Applicant

Date

Signature of Parent/Guardian if Applicant is a Minor

Date

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SECTION V - LANGUAGE LINE NOTICE	
ENGLISH	<p>IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (800) 386-7200 for assistance in the translation and understanding of the information in this document.</p>
SPANISH	<p>¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (800) 386-7200 para pedir asistencia en traducir y entender la información en este documento.</p>
CHINESE (TRADITIONAL)	<p>重要須知！ 本文件包含重要資訊，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 (800) 386-7200 洽詢翻譯及理解本文件資訊方面的協助。</p>
VIETNAMESE	<p>LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (800) 386-7200 để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.</p>
KOREAN	<p>중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (800) 386-7200 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.</p>
HINDI	<p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 386-7200 पर कॉल करें।</p>