

In-School: \_\_\_\_\_  
Out-of-School: \_\_\_\_\_

**WIOA YOUTH PROGRAM APPLICATION**

Social Security Number \_\_\_\_\_ Application Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Washington  Greene   
County \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male  Female

Youth E-Mail \_\_\_\_\_ Youth Cell Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Parent or Guardian Name/E-mail Address \_\_\_\_\_

Are you registered for Selective Service? (Males age 18 or older)  YES  NO  Not Applicable

Citizenship: \_\_\_\_\_ US Citizen \_\_\_\_\_ Non-Citizen  
Race (check all that apply): \_\_\_\_\_ White \_\_\_\_\_ American Indian \_\_\_\_\_ Black \_\_\_\_\_ Asian  
Ethnic Group: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Not Latino

**EDUCATION INFORMATION** (Choose one of the following)

- Currently in High School \_\_\_\_\_  
Name of High School \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_
- High School Graduate
- High School Equivalency / GED
- High School Dropout \_\_\_\_\_  
Drop-out Date \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_
- Post High School Attendee \_\_\_\_\_  
Name of Post HS \_\_\_\_\_

Are you Disabled or Learning Disabled? (Including documented counseling, physical limitations)

YES – Disabled  YES – Disabled, have an IEP/504 Plan  NOT Disabled

- Are you an English language learner?  YES  NO
- Are you an offender on Adult or Juvenile probation?  YES  NO
- Are you homeless?  YES  NO
- Are you a runaway?  YES  NO
- Are you in Foster Care or Aged out of Foster Care?  YES  NO
- Are you a pregnant or parenting youth?  YES  NO

Is your family receiving benefits from the County Assistance Office?  YES  NO (If YES, complete the following):

Cash Public Assistance: YES  NO  Monthly Cash Assistance Amount: \_\_\_\_\_

Date Assistance Started: \_\_\_\_\_ Case Number: \_\_\_\_\_ Category:  C – TANF  D- General

Is your family receiving Food Stamps now or in the last 6 months? YES  NO

Are you or a family member receiving SSI: YES  NO  Who in the family is receiving SSI? \_\_\_\_\_

Are you receiving free or reduced lunch?  YES  NO

**OTHER INCOME INFORMATION**

Youth only - Are you currently employed?  YES  NO If Yes, where? \_\_\_\_\_

(Check all sources of FAMILY income that has been received in the last 6 months)

Wages  Unemployment Compensation  Social Security Survivors  
 Pension  Child Support  Social Security Disability  
 Alimony  Self Employment  
 Veterans Benefits  Other \_\_\_\_\_ (Specify)

**FAMILY INFORMATION** (List everyone living in your house related by blood or marriage – parents and dependent children)

**FAMILY MEMBERS AND INCOME SOURCE**

Name of Family Member	Relationship	Age	Employer/ Income Source	Last Six Months Income

I certify that the information is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records & unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

**\*\*APPLICANTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR GUARDIAN SIGNATURE\*\***

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian \_\_\_\_\_  
Date