



Ohio Department of Job and Family Services  
**WIOA YOUTH PROGRAM ELIGIBILITY APPLICATION**

Applicant Name ( <i>First, MI, Last</i> )				
Mailing Address		City	State	Zip Code
Phone Number (###) ### - ####		Alternate Phone Number (###) ### - ####		
Additional Contact		Contact Person's Phone Number (###) ### - ####		
Applicant Email Address		Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type
<b>Demographic &amp; Education Information</b>				
<b>1. What is your gender?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>2. What is your education level?</b> <input type="checkbox"/> Withdrew from high school, no HS diploma <input type="checkbox"/> Current high/junior high school student <input type="checkbox"/> Completed 12 <sup>th</sup> grade, but no HS diploma <input type="checkbox"/> Obtained high school or equivalent diploma <input type="checkbox"/> High school graduate <input type="checkbox"/> Some post high school education, no degree <input type="checkbox"/> College degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters/Prof.  <b>3. What is your education status?</b> <input type="checkbox"/> I am not a student <input type="checkbox"/> I am a student at a college or technical school <input type="checkbox"/> I am a student in a HS equivalency program <input type="checkbox"/> I am a high school student, at grade level <input type="checkbox"/> I am a high school student, behind grade level <input type="checkbox"/> I am not attending high school		<b>4. What is your date of birth?</b> _____  <b>5. What is your ethnicity?</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>6. What is your race? (check all that apply)</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian Islander or Other Pacific Islander <input type="checkbox"/> Other _____  <b>7. What is your native or primary language?</b> _____  <b>8. Have you registered Selective Service (for males &gt; 18)?</b> <input type="checkbox"/> Yes SSR #: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A  <b>9. Citizenship: (check all that apply)</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Authorized to work in the U.S. Documented <input type="checkbox"/> Undocumented <input type="checkbox"/> Documented <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other _____		
<b>Part A. WIOA Eligibility Information</b>				
<b>1. Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>2. Do you have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>3. Are you pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>4. Do you have any minor children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>5. If English is not your native or primary language, do you need help learning to speak/write/use English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>6. Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>7. Are you a runaway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>8. Are you in foster care or were you previously in foster care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>9. Are you involved or were you involved in the juvenile court or adult justice system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>10. Do you receive or eligible to receive free or a reduced-price lunch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employability</b>				
<b>1. Do you need reliable child care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>2. Are you a single parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>3. Are you caring for an adult relative with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>4. Do you need reliable dependent care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>5. Do you have stable housing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>6. Do you use recreational drugs regularly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>7. Do you drink alcohol regularly?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>8. Do you have reliable transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**WIOA Eligibility Information** - This section determines eligibility for the WIOA program.

1. Please answer the following questions. (You must complete this section regardless of your age)

Do you provide more than 50% of your own support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you married or separated but not divorced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you live in your own residence or in a residence without support from a parent(s) or a guardian(s)?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Did you answer "Yes" to any of the questions above?  YES  NO

\*If you answered "Yes", you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility. Additionally, if you are disabled, only your income will be used.

2. Including yourself, who is in your family? What is their relationship to you? What is their income within the past 6 months? *If you are not attending high school or college/technical school, skip this question.*

Name	Relationship	Monthly Income
	Self	(Provide hourly or weekly wages)

3. Disclosure of Relationship - Do you have a business/personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center employee, partner employee, WIOA sub-recipient and/or contractor; or
- CDJFS or other county employee?

YES If yes, provide name: \_\_\_\_\_  
 NO

**Part B. TANF Funding Eligibility** - This section determines initial and ongoing eligibility for TANF-funded services.

1. Are you currently receiving cash assistance or SNAP?  YES  NO

\*If your answer is "No" you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF funding eligibility in question two. If your answer is "Yes" skip question two.

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size?  YES  NO

200% of Federal Poverty Guidelines (2020)	
Household Size	Monthly
1	\$2,127
2	\$2,874
3	\$3,620
4	\$4,367
5	\$5,114
6	\$5,860
7	\$6,607
8	\$7,354
9	\$8,100
10	\$8,847

3. Do you have a child under age 18?  YES  NO      Number of children      Oldest child age

4. Are you one of the following (*check all that apply*): a minor child; a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child?  
 YES       NO

5. Have you been given the opportunity to register to vote?  YES  NO

6. Are you currently repaying fraudulent public assistance (cash)?  YES  NO

**Acknowledgement**

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

**Parent/Guardian Signature:** (Required if applicant is under age 18)

Parent/Guardian Signature ( <i>If applicant is under age 18</i> )	Date
Applicant Signature	Date

**To be completed by eligibility staff person only:**

**WIOA Funding Eligibility Determination:**

Is the individual attending school?  Yes  No

If yes, is the individual low-income or live in a high-poverty area under WIOA?  Yes  No

Does the individual have a documented barrier to employment?  Yes  No

List documented barrier: \_\_\_\_\_

Is the individual basic skills deficient? (If yes, may need income data)  Yes  No

Does the individual require additional assistance as defined by your local area policy?  Yes  No

Is the individual authorized to work in the United States?  Yes  No

If the individual is a male over age 18, has he registered for Selective Service?  Yes  No

**TANF Funding Eligibility Determination:**

Is the household's monthly income under 200% of the Federal Poverty Guidelines? *Please use the current year's table if different from above.*  Yes  No

Does the individual have a child under age 18?  Yes  No

Does the individual owe any fraudulent TANF assistance paid to the individual?  Yes  No

Is the individual one of the following: a minor child; a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child?

Yes  No Please specify: \_\_\_\_\_

**WIOA Funding Eligibility Decision:**

WIOA In-School Youth Program eligible and low income (Note: 25% limit on expenditures)

5% low-income exception for WIOA

WIOA Out-of-School Youth Program eligible

Ineligible for WIOA Funding

**TANF Funding Eligibility Decision:**

TANF Funding Eligible

Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

Signature of WIOA Eligibility Staff

Date