

Workforce Innovation and Opportunity Act (WIOA)

Youth Intake Form Ages 16-24



APPLICANT INFORMATION

| | | | |
|----------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| Name: | _____ | Date: | _____ |
| Phone: | _____ | Email: | _____ |
| Birthdate: | _____ | | |
| Address: | _____ | | |
| How did you hear about WIOA? | _____ | | |
| Are you interested in education or training? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you interested in assistance with finding employment? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |

CONTACT PEOPLE:

Provide names, phone numbers and email address of two family members or friends

| | | | |
|---------------|-------|----------------------|-------|
| Name: | _____ | Relationship: | _____ |
| Phone: | _____ | Email: | _____ |
| Name: | _____ | Relationship: | _____ |
| Phone: | _____ | Email: | _____ |

ELIGIBILITY:

Please check any box that applies to you. If unsure, check the box and discuss more at interview.

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Food Stamps in the last 6 months | <input type="checkbox"/> School Drop-out? Highest grade level completed: _____ |
| <input type="checkbox"/> Pregnant or Parenting | <input type="checkbox"/> Offender (involvement in justice system) PO: _____ |
| <input type="checkbox"/> Homeless or Runaway | _____ |
| <input type="checkbox"/> Foster Child (Now or previously) | <input type="checkbox"/> Disability: physical, mental, or medical condition that can make it difficult to attend school or work. |
| <input type="checkbox"/> Refugee Assistance | |

WORK HISTORY

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

TELL US ABOUT YOURSELF

HOW CAN WE HELP YOU?