CareerSource HEARTLAND

# Workforce Innovation and Opportunity Act
# Applicant Data

**NAME**:

First | Middle Initial | Last | SSN (full)

**ADDRESS**

Residential | Mailing (if different from Residence)

City | Zip Code | City | Zip Code

County | ( ) Primary Telephone Number

E-Mail Address:

## Alternate Contacts

In case of emergency - please provide name and contact information:

1st Contact Name: Contact Phone Number: ( )

2nd Contact Name: Contact Phone Number: ( )

3rd Contact Name: Contact Phone Number: ( )

| | | |
|---|---|---|
| Date of Birth (Month/Date/Year) / / | | Gender: Female ○ Male ○ |
| Selective Service Registration ☐ | | 1. Registered 2. Not Registered 3. N/A |
| Citizenship ☐ | 1. Citizen of the U.S. or U.S. Territory 2. Lawfully admitted Alien or Refugee* 3. U.S. Permanent Resident* | |
| *Please enter Permanent Resident or Alien Registration Number and Expiration Date in the spaces below: Number : | Expiration Date (Month/Date/Year) / / | |
| Do you consider yourself to be of Hispanic or Latino Heritage? Yes ○ No ○ | | |
| Are you of Haitian Heritage? Yes ○ No ○ | | |
| Race ☐ | 1. African American/Black 2. American Indian/Alaskan Native 3. Asian | 4. Native Hawaiian or Pacific Islander 5. White 6. I do not wish to answer |
| Do you have a Disability? Yes ○ No ○ | | Ex-Offender? Yes ○ No ○ |
| Employment Status ☐ | 1. Employed 2. Not employed | 3. Underemployed 4. Employed/Received Notice of Termination or Military Separation |
| Current or most recent rate of pay per hour: $ /hr | | |
| Have you received a Layoff or Termination Notice? Yes ○ No ○ | If yes, reason for Layoff: | Projected Layoff Date: / / |
| Name of current or most recent employer: | | Address (street, city/state/zip code) |
| Job Title | | Dislocation wages per hour $ /hr / Date of Dislocation / / |
| Did you attend a group orientation? Yes ○ No ○ | | Number of Weeks Unemployed |
| Unemployment Compensation ☐ | 1. Claimant 2. Non-Claimant | 3. Neither Claimant or Exhaustee |

## Education Information

What is the highest grade you completed in school? Are you currently attending school? Yes ○ No ○

| DeSoto Center | Hardee Center | Highlands Center | Okeechobee Center |
|---|---|---|---|
| 2160 NE Roan Ave | 324 Sixth Ave N | 5901 US 27 S, Suite 1 | 207 SW Park St |
| Arcadia, FL 34266 | Wauchula, FL 33873 | Sebring, FL 33870 | Okeechobee, FL 34972 |
| Phone (863) 993-1008 | Phone (863) 773-3474 | Phone (863) 385-3672 | Phone (863) 610-6000 |
| Fax (863) 993-1046 | Fax (863) 773-3949 | Fax (863) 382-4237 | Fax (863) 484-8167 |
| TTY- FRS 711 | TTY- FRS 711 | TTY- FRS 711 | TTY-FRS 711 |



An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

| Workforce Innovation and Opportunity Act Applicant Data | | | | | |
|---|---|---|---|---|---|
| **Are You?** | **Yes** | **No** | **Are You?** | **Yes** | **No** |
| Displaced Homemaker | | | Receiving TANF | | |
| High School Drop Out | | | Within Two Years of Exhausting TANF Lifetime | | |
| English Language Learner | | | Receiving Supplemental Security Income (SSI) | | |
| Single Parent (including single pregnant women) | | | Receiving Social Security Disability Income (SSDI) | | |
| Homeless | | | Receiving Refugee Cash Assistance | | |
| Runaway | | | Receiving SNAP (Food Stamps) | | |
| Cultural Barriers | | | Receiving Employment & Training Under SNAP | | |
| Ex-Offender | | | Receiving General Assistance | | |
| Incarcerated at Program Entry | | | Receiving or Will Receive Pell Grant | | |
| Pregnant/Parenting Youth | | | Hawaiian Native | | |
| Youth in, or aged out of, Foster Care | | | American Indian/Alaskan Native | | |
| Out of Home Placement | | | Youth Requires Additional Assistance to Complete an Educational Program or to secure/hold employment | | |
| Basic Skills Deficient | | | | | |
| Number of family members in household: | | | Annualized Family Income: $ | | |

Have you served in the U.S. Military? ○ Yes ○ No (If yes, please complete Veteran information on following page and provide a copy of your DD214)

Are you a Migrant or Seasonal Farm Worker (MSFW)? ○ Yes ○ No (If yes, please complete MSFW information on following page)

**ATTESTATION:**

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the WIOA program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes. I certify that I have been advised of my rights and that information has been provided regarding the CareerSource Heartland Grievance and Complaint procedures. **I certify that I have granted CSH permission to create a new registration account for me in Employ Florida or update an existing account.**

Participant Signature Date

Signature of Parent or Guardian Date

Signature of CSH Staff Date



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## *Veteran Information*

| **Veteran Type:** | **Veteran Disability** |
|---|---|
| ☐ Campaign Badge Veteran (served during a war and received campaign badge) | ☐ Disabled_____% ☐ Special Disabled – 30% or Higher |
| ☐ Eligible Person (spouse of a veteran who is 100% disabled, MIA, or deceased while in service) | **Are you 18 - 24 years of age?** ○ Yes ○ No |
| ☐ Eligible Veteran (served more than 180 days and discharged with other than dishonorable) | Rank:_____ Military Specialty:_____ |
| | Dates Served (MM/DD/YY): From:___ / ___ / ___ To: ___ / ___ /___ |
| | Branch of Service: _____ |
| **Veteran Status. I served:** | Type of Discharge _____ (Hon, GD, OTHC, BCD, DD) |
| ○ less than 180 Days ○ more than 180 Days | **Recently Separated Veteran** (36 months or less) ○ Yes ○ No |

| | |
|---|---|
| Have you attended a Transition Assistance Program (TAP)? Month/Year: | ○ Yes ○ No |
| Do you have a service connected disability or a VA claim pending? | ○ Yes ○ No |
| Are you receiving care in a Military Treatment Facility (MTF) or Wounded Warrior Transition Unit? | ○ Yes ○ No |
| Are you recently-separated (36 months or less), who has been unemployed for 27 or more total weeks, at any point in the last 12 months? | ○ Yes ○ No |
| Were you involuntarily separated through a Service reduction-in-force? | ○ Yes ○ No |
| Are you homeless or expect to become homeless in the next 14 days? | ○ Yes ○ No |
| Are you fleeing a dangerous home situation and lack the resources or support networks to obtain other permanent housing? | ○ Yes ○ No |
| Are you an offender released from incarceration? | ○ Yes ○ No |
| Are you a Vietnam-Era Veteran? (2/28/1961-5/7/1975 if service was in the Republic of Vietnam, 8/5/1964-5/7/1975 in all other cases) | ○ Yes ○ No |
| Do you have High School diploma or a GED? | ○ Yes ○ No |
| Do you receive public assistance? | ○ Yes ○ No |
| Are you a Transitioning Service Member? (Requires a Hand-off or existing Special Barrier to Employment) | ○ Yes ○ No |
| Are you a Veterans' Family "Care Giver"? | ○ Yes ○ No |

| Family Size | Income for last 6 months | Annual Income | Please check the appropriate category | |
|---|---|---|---|---|
| 1 | $ 6,245 or less | $ 12,490 or Less | ☐ | Other or choose not to disclose information ☐ |
| 2 | 8,455 or less | 16,910 or Less | ☐ | |
| 3 | 10,665 or less | 21,330 or Less | ☐ | |
| 4 | 12,875 or less | 25,750 or Less | ☐ | |
| 5 and Over | Add $2,210 for each additional person | Add $4,420 for each additional person | ☐ | |

## *Migrant Seasonal Farm Worker*

The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.

| |
|---|
| Have you worked as a Farm Worker in the last 12 months? ○ Yes ○ No If yes, please answer the questions below. |
| a. Have you been employed the past 12 months in farm work of a seasonal or temporary nature? ○ Yes ○ No |
| b. Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? ○ Yes ○ No |
| c. What is the primary crop of your farm work? |
| d. What is the type of work you would prefer to do? |
| e. What other experience or training do you have? |
| f. 511N Issued and Explained Date: |



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