



# WIA Application Packet



An Equal Opportunity Employer/Provider. Auxiliary aids are available upon request to individuals with disabilities. Florida Relay #711.

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## **Career Center Locations**

### **North Career Center**

2301 W. Sample Rd, Bldg 4 Suite 7-A  
Pompano Beach, FL 33073  
**(954) 969-3541, Ext. 192/194**  
Fax (954) 970-0199

### **Central Career Center**

2550 W. Oakland Park Boulevard  
Fort Lauderdale, FL 33311  
**(954) 677-5555 Ext. 1100**  
Fax (954) 677-5501

### **South Career Center**

7550 Davie Road Extension  
Hollywood, FL 33024  
**(954) 967-1010 Ext. 194**  
Fax (954) 967-1018

<http://www.wf1broward.com/JobSeeker/MoneyForTraining1.htm>

## WIA Overview Sheet

The Workforce Investment Act (WIA) is a federally-funded employment and training program. The focus of WIA is in assisting customers to develop workforce opportunities, access training, and manage their career choices through universal access to information and career-oriented services.

The majority of customers who visit a Career Center are able to conduct their job search, complete résumés, etc. with minimal or no staff assistance. Job search tools are provided in the Career Centers so that customers may “serve themselves” at no cost.

### I. Self-Directed or Core Services (*WIA Enrollment is optional*):

- Job Service Registration
- Labor Market Information
- Résumé Writing Assistance
- Information on Community Resources and Programs
- Self-Service Assessments (Interest Inventories, Skills Assessments, etc)
- Job Search and Placement Assistance
- Unemployment Insurance Claim Filing
- Internet, printers, copiers and fax machines

### II. Intensive Service & Training Service (*WIA Enrollment is required*):

The Career Centers offer intensive services to customers who are unable to obtain full-time, unsubsidized employment through core services and are in need of additional services to obtain and/or retain employment that allows for self-sufficiency. The intensive (Staff-Assisted) services available through the Career Center include, but are not limited to:

- Career counseling
- Case management
- Comprehensive and specialized assessments of skill levels
- Individual employment plans
- Short-term prevocational services

### III. Training Service (*WIA registration is required*):

The Career Centers offer training services to customers who are unable to obtain full-time, unsubsidized employment through intensive services and are in need of additional skills to obtain and/or retain employment that allows for self-sufficiency. The training services available include, but are not limited to:

- On-the-job training (**OJT**)
- Occupational skills training (**ITA**)
- Skills upgrade and/or retraining (**ITA**)

### IV. ELIGIBILITY DISCLAIMER

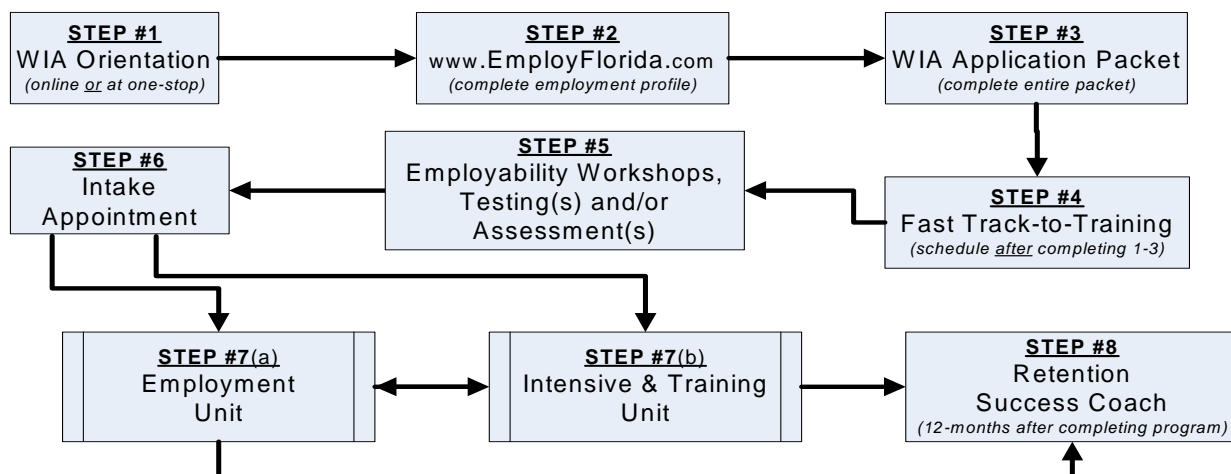
In accordance with the Workforce Investment Act (WIA), an individual’s employment status at the time of WIA enrollment could affect their eligibility for services.

**If your employment status changes from the date of eligibility to the date of registration, you may be ineligible for WIA services.**

## WIA Registration Process

Customers who request assistance beyond the Core (or Self-Directed) level listed above must be registered into the WIA program at the Intensive (or Staff Assisted) level before service may be provided. Service at this level requires that customers be US Citizens or aliens, 18 years or older, who are eligible to work in the US and currently resides in Broward County. To be considered for registration into the WIA program, each customer must complete the following prerequisites:

1. Complete WIA orientation, either online or at any WorkForce One Career Center.
2. Complete Employ Florida Marketplace profile: Resume, Background Wizard & Assessment Profile
3. Complete WIA application packet (*see checklist*) and gather all required documents.
4. After completing Steps 1-3, contact your nearest WIA Department to register for the next available Fast Track-to-Training session. Be sure to bring your completed WIA application packet and all required documents for your initial determination of eligibility. If determined eligible, you will then be assigned and scheduled a one-on-one appointment with a WIA Success Coach. **Please Note: if all required documents are not presented, you will be re-scheduled for the next session.**
5. After Fast Track, if not completed already, you can take any recommended/required tests or assessments **BEFORE** you meet one-on-one with your assigned WIA Success Coach. **This will help prevent “extra” visits and reduce delays in processing your WIA application for training services.**
6. During your one-on-one Intake Appointment with a WIA Success Coach, you will be screened for suitability. This is an in-depth assessment on your employability, career interests and aptitudes, barriers to employment, and other employment-related factors. Upon results, your assigned WIA Success Coach will determine whether to transfer you to an Employment or Training Success Coach for continued services.
7. (a) **Employment Success Coach** - job search assistance, career counseling, further assessments  
(b) **Training Success Coach** - financial assistance for skills training
8. After obtaining employment and/or completing training, WorkForce One Employment Solutions will follow up for 12 months.



## “5 Steps to WIA Enrollment”

Welcome to the WIA Program at WorkForce One Employment Solutions! In order to ensure that your experience with us runs smoothly, please follow this checklist, which outlines your steps to successfully enrollment into the WIA program. If you have any questions, please do not hesitate to contact us. Please check and date when completed.

**STEP #1** Orientation Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_

- Options: 1.) online WIA Orientation, or 2.) WIA orientation at Career Center

<http://www.wf1broward.com/OrientationVidLaunch.htm>

**STEP #2** [www.employflorida.com](http://www.employflorida.com) (EFM) Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_

The following steps are a part of your employment profile in EFM. All three (3) steps must be completed PRIOR to the date/time of Fast Track-to-Training appointment with Success Coach, or you will be **re-scheduled for the next available session.**

- Résumé** - After login, click on Resume Builder on left side
- Background Wizard** - After login, click on My Resources > My Background
- Assessment Profile** - After login, click on My Individual Profile > Assessment Profile  
↳ All four (4) assessments must be completed: Job, Personal, Interests & Values

**STEP #3** Application Packet

Must be completed with all sections answered (*n/a if applicable*) PRIOR to the date/time of Fast Track-to-Training appointment, or you will be **re-scheduled for the next available session.**

- WIA Application** Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_
- WIA Intake Questionnaire** Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_
- WIA Orientation Validation** Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_

**STEP #4** Fast Track-to-Training Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_

Contact the WIA Department at your nearest Career Center location to sign-up for the next available Fast Track-to-Training session. You will be assigned a WIA Success Coach at the end of this session.

**STEP #5** One-on-One Intake Appointment Date Completed: \_\_\_ / \_\_\_ / \_\_\_\_\_

After you have successfully completed Steps 1 - 4, you are ready to call and schedule an appointment with a WIA Success Coach to determine eligibility. It is important that all the above steps have been completed **AND** you bring all required documentation to your one-on-one appointment—if not, you will be rescheduled for next available date.

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_ SSN: xxx - xx - \_\_\_\_\_

## WIA ORIENTATION VALIDATION FORM

After viewing the orientation either at a One-Stop location or online, please answer the following questions:

1. The WIA acronym stands for:
  - a. Work In America Work Initiative Amendment
  - b. Workforce Investment Act
  
2. Core services such as computer usage, résumé writing and job searches are available to the general public without WIA enrollment.
  - a. True
  - b. False
  
3. To receive intensive or training services, you must be **eligible and enrolled** into the WIA program.
  - a. True
  - b. False
  
4. There may be restrictions to qualify for intensive and/or training services, such as household income and family size.
  - a. True
  - b. False

By my signature below, I, \_\_\_\_\_, confirm that I have attended or watched online the WorkForce One Employment Solutions WIA Orientation.

Applicant Signature:

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

## WORKFORCE INVESTMENT ACT (WIA) APPLICATION

~ Submission of this application **does not** guarantee eligibility or program participation. ~

### Applicant Data

|                          |                            |                    |
|--------------------------|----------------------------|--------------------|
| Name:                    |                            | SSN: XXX - XX -    |
| Address:                 |                            | Apartment or Unit: |
| City:                    | State:                     | Zip:               |
| Telephone #: (    )    - | Alternative #: (    )    - |                    |
| Email:                   |                            |                    |

### Statements of Understanding

**Applicant  
Initials**

**WIA Staff  
Initials**

*These statements are provided to establish an understanding of the WIA program, its services and its purpose to the applicant. These statements are clear and applicable to all WIA program applicants.*

Applicant Initials: Certifies that you have read and understand these statements

WIA Staff Initials: Certifies that you have reviewed each statement and answered any questions of the applicant at Intake.

|   |  |  |
|---|--|--|
| WIA is <b>not</b> "financial aid", but WIA is a program that provides assistance to the applicant in obtaining suitable employment.   |  |  |
| The Workforce Investment Act (WIA) is administered in a three-tier process. WIA is designed to assist you in gaining suitable employment. Each step must be completed in sequence. The process: Core Services, Intensive Services and Training Services. <i>(See below descriptions).</i> |  |  |
| <b>Core Services</b> are available universally to the unemployed and employed. Core Services include, but are not limited to: job search, placement assistance, job listing, Labor Market Information, follow-up services, and registering on EmployFlorida.com.                          |  |  |
| <b>Intensive Services</b> include, but are not limited to: comprehensive assessment, development of individual employment plans, career counseling, testing, attending a workshop and case management services.   |  |  |
| Only after WIA staff determines that Intensive Services are complete <b>and/or</b> you are unable to obtain suitable employment, can Training Services begin.   |  |  |
| All services must be authorized by WIA Staff prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of the applicant.  |  |  |
| I understand that my circumstances differ from all other WIA applicants. My employment plan is unique to me and therefore my assistance may differ from other applicants (including the type of assistance, the amount of assistance, the time frames and the outcome).                   |  |  |

### Demographic Information

|   |                   |   |
|---|-------------------|---|
| Date of Birth:    /    /  | Age:              | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Registered for Selective Service? <b>males only</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption ( <i>born before 1/1/1960</i> ) <a href="http://www.SSS.gov">www.SSS.gov</a>         |                   |   |
| Citizenship: <input type="checkbox"/> U.S. Citizen or Naturalized <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted   |                   |   |
| If non-U.S. citizen, <b>Alien Registration #:</b> A   | <b>Exp. Date:</b> | / /   |
| Do you consider yourself to be of <b>Hispanic Heritage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Haitian Heritage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |   |
| <b>Race:</b> <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White |                   |   |
| Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |   |



| Veteran Information   |   |
|---|---|
| Have you served in the U.S. Military?   | <input type="checkbox"/> Yes, Eligible Veteran<br><input type="checkbox"/> Yes, less than or equal to 180-days and not discharged dishonorably<br><input type="checkbox"/> Yes, Other Eligible Person <i>(spouse or child of a disabled veteran)</i><br><input type="checkbox"/> No |
| Are you a campaign Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Are you a disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you a recently separated Veteran? <i>(within last 48-months)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

| Employment Information   |                                  |
|--|----------------------------------|
| Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed w/ notice of termination or military separation |                                  |
| Did you attend a Rapid Response Event by WorkForce One Employment Solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |
| Most Recent Employer Name:   |                                  |
| Address:   | Apartment or Unit:               |
| City:  | State: Zip:                      |
| Telephone #: ( ) -   | Contact Person:                  |
| Most Recent Rate of Pay <i>(per hour)</i> : \$ .   | Lay-off or Termination Date: / / |
| Have you received Unemployment Compensation within the last 6-months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |

| Educational Information   |   |
|---|---|
| Highest Grade Completed <i>(circle)</i> : 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  |   |
| Highest Credential Earned: <input type="checkbox"/> HSD/GED <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD |   |
| Are you currently in School? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, is it for a H.S. Diploma/GED or Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Other WIA-related Information  |  |          |
|--|--|----------|
| Question   | Answer   | Comments |
| Are you a <b>Displaced Homemaker</b> *?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <i>*An individual who has been displaced from their careers as unpaid homemakers and for that reasons has diminished skills AND was dependant on another family member's income that is no longer supporting them.</i> |  |          |
| Can you speak, read and/or write limited <b>English</b> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you a <b>Single Parent</b> ?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you <b>Homeless</b> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you a <b>Runaway</b> ? <i>(age 14-21)</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you an <b>Ex-Offender</b> ? <i>(arrested or convicted)</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you a <b>Pregnant</b> or <b>Parenting Youth</b> ? <i>(age 14-21)</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

|  |  |  |
|--|--|--|
| Are you a <b>Foster Care Youth</b> ? (age 14-21)                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Basic Skills Deficiency (reading/mathematics, below 9 <sup>th</sup> grade) | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**Public Assistance**

Are you currently **OR** within the last 6-months have you received any of the following:

| Assistance Type   | Yes or No  | Comments |
|---|--|----------|
| Temporary Assistance for Needy Families (TANF)?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Supplemental Security Income (SSI)? (Ticket-to-Work)                | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Refugee Cash Assistance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| General Assistance? (term used for welfare by <b>other states</b> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Food Stamps   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Pell Grant  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Are you a publicly-supported Foster Child?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

**Certification and Acknowledgement**

|   |                                |
|---|--------------------------------|
| <p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.</p>  | <b>Applicant Initials</b>      |
| <p>Finally, I recognize that an application and eligibility determination are initial steps and do not guarantee program participation. I have read and understand the WIA Registration Process Sheet attached.</p>   |                                |
| <p>Disclosure of your social security number is mandatory. However, Pursuant to the Privacy Act of 1974 and Section 119.07 (5) (a) 3 F.S. (2005) and 5 USCA 552a, your Social Security number and personal information will be protected as confidential information by all staff members. Social Security numbers will be used by the Work Force One Service Provider for identifying and tracking services. This information is reported to any/all approved Federal and State agencies regarding those services, and dollars spent as allowed under the Privacy Act.</p> |                                |
| <p>Applicant Signature: _____<br/>(PLEASE PRINT APPLICATION AND SIGN)</p>   | <p>DATE: ___ / ___ / _____</p> |

\*\*\*\*\* **WIA STAFF ONLY** \*\*\*\*\*

| DATA VALIDATION (completed upon entering into EFM)   |  |
|--|--|
| <p>Date Attended WIA Orientation (circle: online or on-site) ___ / ___ / _____</p> <p>Date Eligibility Completed: ___ / ___ / _____</p> <p>WIA Staff Name: _____</p> <p>WIA Staff Signature: _____</p> | <p><b>Enrolled Funding Program</b></p> <p><input type="checkbox"/> Adult    <input type="checkbox"/> Dislocated Worker</p> <p><input type="checkbox"/> In-School Youth</p> <p><input type="checkbox"/> Out-of-School Youth</p> <p><input type="checkbox"/> Other _____</p> |

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ SSN: xxx - xx- \_\_\_\_\_

### Workforce Investment Act (WIA) Intake Questionnaire

To be completed by WIA Applicant. These questions are instrumental in assessing the individual employment needs of the applicant and for developing a customized Career Plan. **Check all that apply.**

#### Program Expectations

Are you seeking immediate employment?

Yes       No

If No, please explain:

What services are you seeking? (explain)

#### Employment Expectations

Top three (3) occupations of interests?

What Job Search Assistance are you requesting?     Search Tips     Résumé     Interview  
 Job Referrals     N/A

Desire help in career planning?     Yes     No    Seeking training services?     Yes     No

If Yes (*seeking training*), list preferences:

#### Basic Skills / Education Factors

##### BASIC SKILLS DEFICIENT

- Reading below 9th Grade       Math below 9th Grade
- Language Below 9th Grade     Literacy
- Non-Reader     High School Dropout
- Basic Skills Deficient     Lacks Basic Computer Skills
- Limited English Proficiency     ABE/Literacy or ESOL
- Behind Grade Level for Age (**youth**)     N/A

#### Work Readiness

##### DEPENDENT CARE

- Child Care     Special Needs Child
- Adult Care     N/A

##### TRANSPORTATION

- Has a Valid License     Does not have a License
- Suspended     Restrictions     DUI
- Owns Automobile     Auto Needs Repair
- Lacks Automobile Insurance
- Cannot Afford Gasoline
- Automobile Impounded     Automobile Repossessed
- Access to Dependable Automobile
- Access to Public Transportation     N/A

##### CONTACTS

- Telephone in Home
- Access Telephone (*Family/Other*)
- Adequate Contact Person(s)     Transient History
- N/A

##### WORK ATTIRE

- Uniforms     Interviewing Clothes
- Needs Work Tools/Equipment     N/A

#### Workplace Behavior

##### MOTIVATING FACTORS AFFECTING EMPLOYMENT

- Negative Work Attitude     Punctuality Issues
- Attendance Problems     Co-Worker Relations Issues
- N/A

##### INTERVIEWING SKILLS

- Difficulty Making Positive First Impression
- Negative Attitude     Lacks Proper Attire
- Need to Improve Communication Skills     N/A

| Living Environment   |   |
|--|---|
| <b>HOUSING</b>   | <input type="checkbox"/> Homeless <input type="checkbox"/> Residing in Shelter <input type="checkbox"/> Facing Possible Eviction<br><input type="checkbox"/> Sub-standard Living Conditions <input type="checkbox"/> Needs Energy Assistance<br><input type="checkbox"/> Resides in Public Housing <input type="checkbox"/> N/A   |
| <b>HOME LIFE</b>   | <input type="checkbox"/> High Risk Family/Living Situation <input type="checkbox"/> Lacks Family Support System<br><input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> N/A  |
| Economic Factors / Financial Situation   |   |
| <b>CREDIT/FINANCIAL</b>  | <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Poor Credit History/Bad Debts<br><input type="checkbox"/> Need Money Management Services<br><input type="checkbox"/> Need Consumer Credit Counseling Services<br><input type="checkbox"/> Inability to be Bonded <input type="checkbox"/> Defaulted Student Loan<br><input type="checkbox"/> N/A   |
| Vocational / Occupational Factors  |   |
| Obsolete Work Skills? <input type="checkbox"/> Yes <input type="checkbox"/> No                             | If Yes, please explain:   |
| Job-related License Expired or Revoked/Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list:  |
| Other Assistance Received  |   |
| <b>PUBLIC ASSISTANCE</b>   | <input type="checkbox"/> Temporary Aide to Needy Families (TANF) <input type="checkbox"/> Food Stamps<br><input type="checkbox"/> Housing <input type="checkbox"/> Foster Care <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> N/A  |
| <b>PARTNER SERVICES</b>  | <input type="checkbox"/> Adult Education <input type="checkbox"/> Job Corps <input type="checkbox"/> MSFW <input type="checkbox"/> Native American<br><input type="checkbox"/> Veterans <input type="checkbox"/> TAA <input type="checkbox"/> NAFTA/TAA <input type="checkbox"/> Vocational Education <input type="checkbox"/><br><input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Wagner-Peyser <input type="checkbox"/> Community Services Block Grant<br><input type="checkbox"/> HUD <input type="checkbox"/> Older Workers <input type="checkbox"/> N/A           |
| <b>LEGAL ISSUE</b>   | <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Currently on Probation <input type="checkbox"/> Pending Court Appearances<br><input type="checkbox"/> Existing/Pending Workers Compensation Claims <input type="checkbox"/> Court Ordered to Pay Child Support<br><input type="checkbox"/> Wage Garnishment <input type="checkbox"/> N/A  |
| Health & Behavioral Observations   |   |
| <b>HEALTH</b>  | <input type="checkbox"/> Lacks Medical Insurance Coverage <input type="checkbox"/> Disclosed Disability <input type="checkbox"/> Needs Glasses<br><input type="checkbox"/> Needs Dental Work <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Cannot Afford Medication<br><input type="checkbox"/> Reasonable Accommodation Required<br><input type="checkbox"/> Limitations in Ability to Work Certain Jobs<br><input type="checkbox"/> Health has been cause for Absences from Job<br><input type="checkbox"/> Pending Surgery or Medical Leave <input type="checkbox"/> N/A |
| <b>BEHAVIOR</b>  | <input type="checkbox"/> Demonstrates Low Self-Esteem <input type="checkbox"/> Demonstrates Behavioral Problems<br><input type="checkbox"/> Requires Medication <input type="checkbox"/> Disclosed Disability<br><input type="checkbox"/> Required Therapy/Treatment <input type="checkbox"/> N/A   |
| <b>SUBSTANCE ABUSE</b>   | <input type="checkbox"/> Requires Treatment <input type="checkbox"/> Failed Drug Test<br><input type="checkbox"/> Completed a NA/AA Program <input type="checkbox"/> N/A  |

***All statements I have provided in completing this WIA Assessment Questionnaire is true to the best of my knowledge. I understand that willful misrepresentation on my part will result in immediate dismissal from the WIA program and/or repayment for cost of services.***

|   |                         |
|---|-------------------------|
| Applicant Signature: _____<br>(PLEASE PRINT APPLICATION AND SIGN) | DATE: ___ / ___ / _____ |
| WIA Staff Signature: _____  | DATE: ___ / ___ / _____ |

## WIA Eligibility & Document Checklist

To be eligible for WIA services, **all** applicants must meet the following three (3) criteria:  18 years of age or older (adults);  US citizen or non-citizen authorized to work in US; and  Meet Selective Service registration requirements (**males only**).

Also, some applicants (**#2 in Income section below**) may also be required to meet Income Guidelines.

| Income Eligibility Guidelines - ADULT FUNDING only. |               |
|---|---------------|
| Family Size   | Annual Income |
| 1   | \$40,707      |
| 2   | \$40,707      |
| 3   | \$40,707      |
| 4   | \$44,100      |
| 5   | \$51,580      |
| 6   | \$59,060      |
| 7   | \$66,540      |
| 8   | \$74,020      |

*The WIA definition for "Family" is: Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:*

- A husband, wife, and dependent children; and/or
- A parent or legal guardian and dependent children

*To calculate the Income Eligibility for families with over 8 members, add \$7,480 for each additional family member.*

| ✓   | Information Being Verified  |  |   | Acceptable Documentation  |
|---|---|--|---|---|
|   | <b>Name</b>   |  |   | ● Picture ID or Marriage Certificate  |
|   | <b>Social Security Number</b>   |  |   | ● Social Security Card or Printout from SSA   |
|   | <b>Age</b>  |  |   | ● Picture ID, Birth Certificate or US Passport  |
|   | <b>Citizenship</b>  |  |   | ● Birth Certificate, US Passport, or Resident Card  |
|   | <b>Broward County Residency</b>   |  |   | ● Picture ID, Utility Bill or Voters Registration Card  |
|   | <b>Selective Service</b>  |  |   | ● Printout from <a href="http://www.sss.gov">www.sss.gov</a>                                    |
|   | <b>Veteran Status</b><br><i>(eligible for priority of service)</i>                                  |  |   | ● DD-214 (if not available, click <a href="#">here</a> to request)                              |
|   | <b>Resume</b>   |  |   | ● Email or Printed Copy   |
|   | <b>I</b>  | <b>1.) If you have been laid off, notified of a layoff; receiving or exhausted Unemployment Compensation</b> | ➔ | ● <b>No Income Documents Required</b>   |
|   | <b>N</b>  | <b>2.) If you or your spouse have worked in the last 6 months</b>  | ➔ | ● Paycheck Stubs<br>● Employer Statement on Company Letterhead                                  |
|   | <b>O</b>  | <b>3.) If you are receiving or have received Public Assistance in last 6-months</b>                          | ➔ | ● Public Assistance Printout or Benefits Letter   |
|   | <b>M</b>  | <b>4.) If you and your spouse (if applicable) have not worked in the last 6 months</b>                       | ➔ | ● Notarized Letter from Individual or Agency providing financial support <i>(if applicable)</i> |
|   | <b>E</b>  |  |   |   |
|   | <b>Family Size</b>  |  |   | ● Marriage License (if married), Birth Certificates and SS cards for all children / dependants  |
|   | <b>Background Check</b><br><i>For training in medical, financial or jobs that require licensing</i> |  |   | ● Printout from the <a href="#">Broward Sheriff's Office</a>                                    |
|   | <b>Education &amp; Work History</b>   |  |   | ● Transcripts, Diploma, Degree, and/or Certificate  |
| <b>Additional Documents Required (if seeking training assistance)</b> |   |  |   |   |
| 1. <b>Federal Financial Aid Application</b>                           |   | 3. <b>Career Assessment Results (only one)</b>   |   | 5. <b>Tuition Costs Breakdown</b>   |
| ○ Apply at <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>     |   | ○ <a href="#">EmployFlorida Assessment Profile</a>   |   | 6. <b>List of Required Books, Supplies, Tools or Equipment</b>                                  |
| ○ Approval or Denial any Awards                                       |   | ○ <a href="#">Thomas International</a> or <a href="#">CareerScope</a>  |   |   |
| 2. <b>School Acceptance Letter &amp; Start Date</b>                   |   | 4. <b>TABE Scores</b>  |   |   |
| ○ Approved course on <a href="#">ITA List</a> only                    |   | ○ Required if less than 2-year degree  |   |   |