



Application – Adult & Dislocated Worker Programs Workforce Innovation and Opportunity Act (WIOA)

FORM WIOA I-B – 1.1

For Adult and Dislocated Worker Programs

If you are age 18 or older and need help in obtaining employment that will lead to adequate wages so that you can support yourself and/or your family, we may be able to help you. If you qualify, we offer many career and training services and assistance that can help you obtain your employment goals. If you are interested in determining eligibility and services available, we invite you to complete the attached information and return it to:



1500 East Main Street
Van Buren, AR 72956

You may also call for an appointment at: **(479) 474-7061**

If you are 24 years old or younger, you may also qualify for the Youth program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

Drivers' license, passport, or other government-issued ID that has your picture

Signed Social Security card

U. S. birth certificate, if you have one (If you don't, there is other documentation we can use.)

If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States

If you are a veteran, your DD-214

If you are a disabled veteran, widow or widower of a veteran or an "eligible spouse," bring VA documentation of your status if you have it

Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)

If you have received a lay-off notice, bring it

If you are attending college, bring a transcript and a degree plan

If you have been accepted into a college program (such as nursing), bring your acceptance letter

Bring documentation of a disability, if you have one and there is documentation

If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA, Work Pays, or SSI), and being homeless. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you're not sure what to bring, we can help you after we talk with you.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:	Zip:	County:
Physical Address:			City:	Zip:	County:
Telephone:	Cell Phone:	Do you accept texts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Message phone:	
E-mail Address:			Relative's Name:		Telephone
Social Security Number:		Birthdate:	Age:	Sex: (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer not to answer Race: Check all that apply <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to answer		Do you acknowledge a disability that substantially limits one or more major life activity: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need special accommodations for disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what accommodations do you need: _____ Do you receive Social Security Disability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in a community where English is not the primary language spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO to both above, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you registered with Arkansas Job Link? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a widow or widower of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you an Arkansas Works referral from the state Medicaid Expansion Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (Arkansas Works is a Governor's initiative DHS program that refers DHS clients to job service staff for employment assistance.)					
Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act OR do you have trouble obtaining or keeping a job because of an arrest or conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a single parent (custodial or non-custodial), or a pregnant woman? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do your customs, beliefs, or practices serve as a hindrance to employment (cultural barrier)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
INCOME					
Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:					
Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply): <input type="checkbox"/> SNAP <input type="checkbox"/> TEA <input type="checkbox"/> WORK PAYS <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME (SSI)					
Are you within 2 years of exhausting your lifetime TANF ELIGIBILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you homeless (lack a fixed, regular, and adequate night time residence)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List all members who live in the household at any time in the last 6 months, their relationship to you, and their sources of income FOR THE LAST 6 MONTHS Family is defined 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 married couple and dependent children		• A parent or guardian and dependent children		• A married couple	
				Ask for the definition of a dependent child, if needed	
NAME	RELATIONSHIP TO YOU	AGE	ALL SOURCES OF INCOME		
	SELF				
If needed, place information about additional household members on back or on additional pages.					
DO YOU CERTIFY THAT THE INCOME SOURCES ABOVE ARE ALL THE SOURCES OF INCOME FOR YOUR FAMILY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NO, EXPLAIN: _____					

EMPLOYMENT INFORMATION

Which best describes your current employment status? (Check all that apply):

- Employed working for wages, self-employed, or working 15+ hours per week unpaid in family business, "Employed" includes if you are away from job because of vacation, leave, etc.
 - Full-time Part-time (PT is less than 30 hours/week or considered PT by your employer) Self-employed
- Employed, but received termination notice from employer/military
- Not employed (not working, but available for work and looking for work)
- Exhausted Unemployment Benefits, and don't have an appropriate job
- Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time
- Not in labor force (not employed and have not actively been looking for work)

Are you a migrant or seasonal farm worker? Yes No
 Do you currently receive Unemployment Benefits? Yes No
 Have you received Unemployment Benefits in the past?..... Yes No
 Have you recently been laid off or given notice that you will be laid off? Yes No
 If so, where? _____ Lay off date (mm/dd/yyyy) _____
 Do you own a business that recently closed because of a disaster or local economic reasons? Yes No
 If so, name of business: _____ Closure date (mm/dd/yyyy) _____
 Why did it close? _____
 Are you a displaced homemaker (a person who has been providing unpaid services to family members in the home and has been dependent on the income of a family member, but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment)?
 Yes No
 If Yes, give details: _____
 Are you (or were you) the dependent spouse of a member of armed forces on active duty, and the family income is significantly changed because of a deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member?
 Yes No
 If yes, give details: _____

WORK HISTORY (List current or most recent first. Please list dates as completely as possible.)

Employer Name _____ Start: _____ End: _____
 Address: _____ City: _____ State: _____
 Job Title _____ # hours per week: _____ Hourly wage: _____
 Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____
 Address: _____ City: _____ State: _____
 Job Title _____ # hours per week: _____ Hourly wage: _____
 Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____
 Address: _____ City: _____ State: _____
 Job Title _____ # hours per week: _____ Hourly wage: _____
 Reason for leaving: Quit Laid off Moved from area Fired Other: _____

Employer Name _____ Start: _____ End: _____
 Address: _____ City: _____ State: _____
 Job Title _____ # hours per week: _____ Hourly wage: _____
 Reason for leaving: Quit Laid off Moved from area Fired Other: _____

EDUCATION

Do you have a high school diploma or GED? Yes No If no, what is the highest grade you completed? _____
 Do you have a college degree or certificate? Yes No
 If yes, what is your highest degree or certificate? _____ What was your major? _____
 Do you have college work toward and unfinished certificate? Yes No
 If so, where? _____ Why did you stop? _____
 Are you currently enrolled in postsecondary education (college, technical school, etc.)? Yes No
 If yes, where? _____ What is your major? _____

In order to assess your needs and help us in program enrollment, please complete the following:

Name: _____ Telephone: _____

- I am interested in enrolling in school: when?** _____
- I am currently enrolled and attending school**

Name of School _____

Program/Degree plan: _____

Estimated completion date: _____

Financial aid:

- I am receiving (i.e. TAA, FAFSA/Pell Grant, etc) _____
- I have applied for FAFSA/Pell Grant
- I have not applied for FAFSA/Pell Grant

Be prepared to provide verification of the following documents if necessary:

- Degree Plan
- Class schedule
- FAFSA or Financial aid determination
- Transcript (does not have to be official)
- Recent Grades

Notes/Comments

Resource rooms available to print any of the documents listed, and to apply for PELL and other aid.

Certification of Truth of Application, Release of Information, Acknowledgement, & Consent

I authorize The Western Arkansas Employment Development Agency, Inc. (WAEDA), the local provider of WIOA Title I-B Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

I agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

Applicant's Signature

Date