



Workforce Investment Act (WIA) Application for Services

Your Job Store



5500 Milan Rd Suite 386B, Sandusky Ohio 44870

Please complete the entire WIA Application. This Information will be used to determine WIA **eligibility** and **suitability**.
All information is kept confidential and is shared with our One-Stop Partners on a need to know basis.

Date of Application: _____ (WIA application will be used in conjunction with **Your Job Store Registration**)

Name: _____ LAST 4 SSN# - _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Statements of Understanding

The Workforce Investment Act (WIA) is administered in a three step sequence. WIA is a designed to assist you in gaining suitable employment. Each step must be completed in sequence. The sequence is as follows: Core Services, Intensive Services and Training Services. I understand that Completing this application does not entitle me to continued services.
_____(initial)

Core Services 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 Ohio Means Jobs all of which are designed to assist me becoming employed. _____(initial)

Your Job Store will make a referral to the Employment Services Counselor for customers ready to begin Intensive Services after completion of Core Services. _____(initial)

Intensive Services include, but are not limited to: comprehensive assessment, development of individual employment plans, career counseling, testing, attending a workshop and case management services all of which are designed to assist you becoming employed . _____(initial)

After the Employment Services Counselor determines that Intensive Services are complete and you are unable to obtain suitable employment, the Training Services may then begin. Training Services may include skill training and education _____(initial)

All services must be authorized by WIA Employment Counselor prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of me the applicant. _____(initial)

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 to include the type of assistance, the amount of assistance, the time frames and the outcome. _____(initial)

I also understand WIA is not "financial aid" but WIA is a program that provides assistance to me, the applicant, in obtaining suitable employment. _____(initial)

I will be contacted (phone or letter) by a WIA Employment Counselor to make an appointment to discuss this application, Intensive Services and the possibility of Training Services within 5 business days of the accepted WIA application. _____(initial)

CORE SERVICES CHECKLIST

As a minimum the following Core Services must be accomplished prior to submitting this WIA Application. Please complete and provide **ALL** of the following:

<u>Tasks</u>	<u>Date Completed</u>
1. Meet with Your Job Store Assistant to discuss all services available through Your Job Store (<i>Complete New Customer Full Registration and attach</i>)	_____
2. Register on Ohio Means Jobs (OMJ); attach verification to WIA Application.	_____
3. Create, update, and attach your resume to WIA Application.	_____
4. Using the Ohio Means Jobs Website, research the occupation you are interested in. Find employment outlook, average wages, training required, work environment, etc... (Print and attach copy)	_____
5. Attach 3 potential job opportunities for the chosen career (i.e. Newspaper Ads, Internet Source, OMJ, etc...)	_____
6. Why do you think you have been unsuccessful in obtaining suitable employment? List or attach any recent jobs you have applied for and the results. (Attach copy)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VERIFICATION CHECKLIST

You will be contacted to schedule an initial individual or group appointment by **Your Job Store** WIA Employment Counselor. Please bring all of the following that apply to that meeting:

Verification Sources
Completed Full Registration and Attached with WIA Application
Current month of "ALL" household income identified with Budget Worksheet i.e. pay stubs, award letters etc
Unemployment Award Letter
Birth Certificate (copy)
Social Security Card (copy)
Drivers License or State ID (copy)
HS and/or College Diploma / GED Certificate / Transcripts (copy)
DD 214 – Veteran Status (copy)
Any other degree, certificates, diplomas, licenses i.e. STNA, Associates, certifications
Results of any tests taken through you school of choice i.e. Work Keys, PESCO, Pass Key, Compass Test etc.
FAFSA (financial aid) Verification



Your Job Store



Statement of Relationship

5500 Milan Rd Suite 386 B, Sandusky Ohio 44870, (419)624-6451

Section 1: Client/Customer Statement:

Your Job Store, in administrating the Workforce Investment Act, must know of any relationship that may exist between WIA clients/customers and Stakeholders. Please complete the following information:

I, (Client/Customer): _____

Print Last Name

First Name

MI

am or am not, a relative of (*relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage*), a friend of, or have/had any relationship with, the Case Manager, WIA Administrator, Erie County JFS Directors, Elected Officials, County Employees, One Stop Employees, WIB Members, Youth Council or State Employees.

My relationship identified above is with: _____

Name

Relationship

Signature

Date

Section 2: Case Manager Statement:

I, _____ am or am not, a relative of (*relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage*), a friend of, or have/had any relationship with, the WIA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: _____

State Nature of Relationship

Signature

Date

Section 3: Supervisor – Statement:

I, _____ am or am not, a relative of (*relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage*), a friend of, or have/had any relationship with, the WIA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: _____

State Nature of Relationship

Signature

Date

Section 4: Administrator – Statement:

I, _____ am or am not, a relative of (*relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage*), a friend of, or have/had any relationship with, the WIA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: _____

State Nature of Relationship

Signature

Date

BUDGET & EXPENSE WORKSHEET

EXPENSE	Current Amount Per Month		INCOME	Current Amount Per Month
Rent / Mortgage	\$		Income from present job (attach verification)	\$
Electric	\$		Income from odd jobs (under the table jobs)	\$
Gas	\$		Income from other family members (attach verification)	\$
Food	\$		Cash from Public Assistance (attach verification)	\$
Water	\$		SSI & SSDI (attach verification)	\$
Sewer	\$		Food Stamps (attach verification)	\$
Garbage Pick Up	\$		Veteran Benefits / Compensation / Retirement	\$
Telephone	\$		Public Housing (attach verification)	\$
Cellular Phone	\$		Unemployment Compensation (attach verification)	\$
Cable TV	\$		Training Assistance (attach verification)	\$
Internet	\$		Child Support	\$
Car Payment	\$		Gifts / loans from others	\$
Gasoline	\$		Medical Assistance (attach verification)	\$
Medical / Dental insurance/costs	\$		Child Care (attach verification)	\$
Newspaper	\$		Federal and State Financial Aide (attach verification)	\$
Credit Card Payments	\$		Training voucher (attach verification)	\$
Automobile Insurance	\$		OTHER SOURCES LISTED BELOW:	\$
Other Insurance	\$			\$
Child care	\$			\$
Child Support	\$			\$
Alimony	\$			\$
Other Expenses:	\$			\$
	\$			\$
TOTAL EXPENSES	\$		TOTAL INCOME	\$

TOTAL INCOME \$ _____ ---- TOTAL EXPENSES \$ _____ = NET INCOME \$ _____

EMPLOYMENT ASSESSMENT

ISSUE QUESTION	YES	NO	COMMENT
DO YOU HAVE ADEQUATE FOOD, CLOTHING, AND SHELTER?			
IS YOUR GENERAL HEALTH ADEQUATE?			
IS YOUR DENTAL HEALTH ADEQUATE?			
DO YOU HAVE ANY HEARING OR VISION PROBLEMS?			
DO YOU HAVE ANY DISABILITIES THAT WOULD PRESENT YOU FROM DOING CERTAIN TYPES OF WORK?			
ARE YOU CURRENTLY UNDER A PHYSICIANS CARE?			
ARE YOU, OR ANYONE IN YOUR HOUSEHOLD, CURRENTLY PREGNANT?			
DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ALCOHOL OR SUBSTANCE ABUSE PROBLEMS?			
ARE YOU/THEY IN TREATMENT FOR THIS PROBLEM?			
ARE YOU, OR ANYONE IN YOUR HOUSEHOLD, RECEIVING COUNSELING SERVICES AT THIS TIME?			
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			
ARE THERE ANY PENDING LEGAL SITUATIONS THAT WOULD AFFECT YOUR GETTING A JOB OR ATTENDING TRAINING?			
IS THERE ANYONE IN YOUR HOUSEHOLD SO SICK OR DISABLED AS TO REQUIRE YOUR CARE ON A CONTINUING BASIS?			
DO YOU HAVE ANY CHILDREN UNDER THE AGE 19 WHO DO NOT LIVE WITH YOU?			
IF YOU ARE REQUIRED TO PAY CHILD SUPPORT, ARE YOUR PAYMENTS UP TO DATE?			
DO YOU HAVE A VALID DRIVERS LICENSE?			
DO YOU OWN AN AUTOMOBILE?			
IF YES, IS YOUR AUTOMOBILE INSURED?			
IF NO, DO YOU HAVE SOMEONE WHO CAN PROVIDE TRANSPORTATION?			
DO YOU HAVE ADDITIONAL CONCERNS THAT HAVE NOT BEEN ADDRESSED IN THIS QUESTIONNAIRE?			

All statements I have provided in completing this WIA Application for Services is true to the best of my knowledge. Willful misrepresentation on my part will result in immediate dismissal from the WIA program and/or repayment for cost of services

Applicant Signature: _____ Date: _____

YOUR JOB STORE STAFF ONLY

DATE RECEIVED COMPLETED APPLICATION: _____ TIME: _____

Your Job Store Staff Member: _____
Print Name
Signature