

**WIOA APPLICATION
DC Networks**

Termination/Layoff Information		
Reason for Layoff: None of the above. Individual does not meet the definition of Dislocated Worker.		
Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment: Not Provided		
Is unemployed as result of an emergency or natural disaster in the community lived in, or worked in: Not Provided		
Is considered long term unemployed, as defined by the state in the NDWG grant: Not Provided		
Actual Layoff Date:	Projected Layoff Date:	
Dislocation Employer Name:	Employer Address:	
Dislocation Hourly Wage:		
Attended Group Orientation: No		
Most Recent Date Attended Rapid Response Service:	Rapid Response Event:	
Education Information		
School Status: Not attending school; Secondary School Graduate or has a recognized equivalent - Verified		
Highest School Grade Completed: 12th Grade Completed		
High School Diploma or Equivalent received: Yes		
Highest Educational Level Completed: Attained high school diploma		
Education Partner Services		
Receiving services from Adult Education (WIOA Title II): Did not self-identify		
Receiving services from YouthBuild: Not Applicable	YouthBuild Grant Number:	
Receiving services from Job Corps: Did not self-identify		
Receiving Services from Vocational Education (Carl Perkins): Did not self-identify		
Individualized Education Program Participant: Not Applicable		
Barriers		
English Language Learner: No	Basic Skills Deficient/Low Level of literacy: No	Homeless: No
	Ex-Offender: No	
Barriers to Employment		
Displaced Homemaker: No	Within 2 years of exhausting TANF lifetime eligibility: No	
Hawaiian Native: No	American Indian/Alaskan Native:	Single parent including pregnant women: No
Cultural barriers: No	Eligible migrant and seasonal farmworker as defined in WIOA Sec. 167(i) : No	Meets Governors special barriers to employment: No
Eligible Migrant and Eligible Farmworker Status: No	National Farmworker Grant Number:	
Public Assistance		
Temporary Assistance for Needy Families (TANF): No	TANF Recipient:	
General Assistance (GA): No	GA Recipient:	
Refugee Cash Assistance (RCA): No	RCA Recipient:	
Supplemental Nutrition Assistance Program (SNAP): No	Receiving services under SNAP Employment & Training Program: No	
Foster Child (state or local payments are made for applicant): No	Youth currently living in high-poverty area: No	



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Youth currently receives, or is eligible to receive free or reduced lunch under the Richard B. Russell National School Lunch Act : No	Receiving or been notified will receive any Pell Grant Monies: No
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Income Information

Annualized Family Income: \$0.00 Verified	Family Size: 1 Verified
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Eligibility

Applicant meets the definition for Low Income:Yes	Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch:No
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Dislocated Worker Eligibility: Adult Eligibility: Yes	Youth Eligibility: Youth exception:Meets the 5% Exception and/or 5% Limitation (checkbox is displayed and is NOT checked)
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WIOA Grant Eligibility

National Dislocated Work Grant NDWG (formerly NEG):	Statewide Adult Eligibility:
Statewide Dislocated Worker Eligibility:	Statewide Youth Eligibility:
Incumbent Worker Eligibility:	Statewide Rapid Response Additional Assistance:

Non-WIOA Special Grants:

Staff Eligibility Information

Comments:

Adult Review: Met Requirements :Not Applicable	Adult Review Date:	Adult Review Staff:
Dislocated Worker Review: Met Requirements :Not Applicable	Dislocated Worker Review Date:	Dislocated Worker Review Staff:
Youth Review: Met Requirements :Not Applicable	Youth Review Date:	Youth Review Staff:

WIOA Miscellaneous Information

Signatures

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)* I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature

Date



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Staff Signature

Date



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CONSENT TO RELEASE:

I, [REDACTED], give the Department of Employment Services (DOES) permission to gather and share information (Oral or Written) on me relating to the design, delivery and receipt of vocational services. I understand that my records are protected under confidentiality laws and information about my family or me cannot be disclosed without my written consent. I authorize employees and representatives of Department of Employment Services (DOES) to gain access to any and all confidential files about myself and/or family which may be in the possession of DC Department of Human Services or any other related party, including the agency which referred me to Department of Employment Services (DOES). I also make the same consent for exchange of information with any training institute I am enrolled in through Department of Employment Services (DOES), and my employer. This consent will include information placed in my records after the date signed below.

This consent will remain in effect for the period of my participation with Department of Employment Services (DOES). Consent may be terminated at any time upon receipt of a "Withdrawal of Consent" letter to the assigned program manager.

Signature for Confirmation:

I understand that the information obtained, gathered, discussed, and shared to assist me with attaining my vocational goals. I further understand that such actions are part of the development, design, and delivery of vocational services as a participation of the Department of Employment Services (DOES) workforce development program. I hereby certify that I understand this consent and that I have signed it of my own free will.

Applicant Signature

Date

Staff Signature

Date

[REDACTED]

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Equal Opportunity is the Law

The Department of Employment Services (DOES) does not discriminate against any individual on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief. Furthermore, DOES does not discriminate against any beneficiary of programs financially assisted under Title 1 of the Workforce Innovation Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any WIOA Title 1 – financially assisted program or activity.

If you think that you have been discriminated against under any WIOA Title 1-financially assisted program or activity, you may file a complaint, within 180 days from the date of the alleged violation, with either the Department of Employment Services Equal Opportunity Officer, or you may file a complaint with the Director of Civil Rights Center (CRC), US Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

If you elect to file your complaint with DOES, you must wait until DOES issues a written Notice of Final Action, or until 90 days have passed, whichever is sooner, before filing with CRC (see address above). If DOES does not provide you with a written Notice of Final Action within 90 days of the filing of the complaint, you do not have to wait for a decision to be issued, but may file a complaint with CRC within 30 days of the expiration of the 90-day period. If you are dissatisfied with DOES's resolution of your complaint, you may file a complaint with CRC. Such a complaint must be filed within 30 days of the date you received Notice of Final Action from DOES.

I acknowledge having read and understood the above disclaimer.

Applicant Signature

Date



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General Information

Application Status: Application Complete, Ready For Enrollment

Name: ██████████

SSN: ██████████

App ID: ████████

WIA Converted Appd Id: Not Applicable

State ID: ████████

User ID: ████████

LWIA: District of Columbia

Office: American Job Center - Headquarters

Office of Responsibility: American Job Center - Headquarters

Assigned Case Manager: ██████████

Agency:

Application Date: 04/22/2019

Login Name: ██████████

Demographic Information

Considered to have disability: No

Category of Disability:

Received services from a State Development Disability Agency (SDDA):

Received services from a State or Local mental health Agency: (LSMHA):

Received services from a Home & Community Based Service Provider under a State Medicaid (HCBS) waiver:

Disability Work Setting: Not Applicable

Type of customized Employment Services Received: Not Applicable

Received Disability Financial Capability: Not Applicable

Section 504 Plan: Not Applicable

Received services from vocational rehabilitation: No

Veteran Information

Disabled Veteran:

Public Assistance Information

Supplemental Security Income (SSI): No

SSI Recipient:

Social Security Disability Income(SSDI): No

Ticket to Work Holder issued by the Social Security Administration:
No

Due to disability, qualified as Family of One: No

Ticket to Work Participant: No

Signature

Applicant Certification Statement: *(Not to be signed and dated until all documentation has been provided.)* I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature

Date

Staff Signature

Date

