

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) – MIS-1 ADULT ELIGIBILITY APPLICATION

(1) RCOU _____	(2) Social Security Number _____-_____-_____ <input type="checkbox"/> Verified	(3) Date of Application _____
(4) Last Name, First Name, Middle Initial _____		
Eligibility Dates:		
(5) Adult Basic Career Services _____	(6) Adult Eligibility _____	(7) Dislocated Worker _____
(8) Residential Address: Line 1: _____ City: _____ State: _____ County/Parish: _____ Zip Code: _____ <input type="checkbox"/> Verified		
(9) Primary Phone Number: _____	(10) Primary Phone Type (Select 1) <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Not Identified <input type="checkbox"/> Home <input type="checkbox"/> Other	(11) Phone Mode (Select 1): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone
(12) Alternate Phone Number: _____	(13) Alternate Phone Type (Select 1) <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Not Identified <input type="checkbox"/> Home <input type="checkbox"/> Other	(14) Phone Mode (Select 1): <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone
(15) Email: _____		
Demographic Data		
(16) Date of Birth: _____ <input type="checkbox"/> Verified	(17) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(18) Registered for the Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented from registration <input type="checkbox"/> Not Applicable <input type="checkbox"/> Verified
(19) Authorized to work in U.S. <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> No <input type="checkbox"/> Verified		(20) Considered to be of Hispanic Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not Provided
		(21) Considered to be of Haitian Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information Not Provided

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) – MIS-1 ADULT ELIGIBILITY APPLICATION

(22) Race (multiple selections are allowed when I do not wish to answer is not selected): <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> I do not wish to answer		(23) Considered to have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Verified							
		(24) Type of Disability (must be answered when considered to have a disability is Yes): <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both a physical and mental Impairment <input type="checkbox"/> Information Not Disclosed							
Veteran Data									
Transitioning Service Member									
(25) Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	(26) Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge	(27) Estimated Discharge Date _____							
Veteran Information Service									
(28) Eligible Veteran Status <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No <div style="text-align: right;"><input type="checkbox"/> Verified</div>		(29) Served more than 1 tour of duty <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Begin Date 1:</td> <td style="width:50%;">Discharge Date 1:</td> </tr> <tr> <td>Begin Date 2:</td> <td>Discharge Date 2:</td> </tr> <tr> <td>Begin Date 3:</td> <td>Discharge Date 3:</td> </tr> </table>		Begin Date 1:	Discharge Date 1:	Begin Date 2:	Discharge Date 2:	Begin Date 3:	Discharge Date 3:
Begin Date 1:	Discharge Date 1:								
Begin Date 2:	Discharge Date 2:								
Begin Date 3:	Discharge Date 3:								
(30) Campaign Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	(31) Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled (30% or greater) <input type="checkbox"/> No	(32) Recently separated veteran (within the last 48 months) <input type="checkbox"/> Yes <input type="checkbox"/> No							
(33) Attended a Transition Assistance Program (TAP) Workshop within the last 3 years: <i>Must be answered for Transitioning Service Members and Veterans</i> <input type="checkbox"/> Yes <input type="checkbox"/> No									
Employment (26 weeks prior to Application)									
(34) Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed <div style="text-align: right;"><input type="checkbox"/> Verified</div>									
(35) If employed, individual is under-employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		(36) Receiving Unemployment Compensation <input type="checkbox"/> Eligible claimant referred by WPRS <input type="checkbox"/> Eligible claimant not referred by WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither claimant nor Exhaustee <div style="text-align: right;"><input type="checkbox"/> Verified</div>							
(37) Begin Date of Most Recent Job _____	(38) End Date of Most Recent Job _____	(39) Hours per Week at Most Recent Job _____							

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) – MIS-1 ADULT ELIGIBILITY APPLICATION

<p>(40) Number of Weeks unemployed: _____</p>	<p>(41) Meets Long Term Unemployment Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(42) Current or most recent hourly rate of pay: \$ _____ <input type="checkbox"/> Verified</p>
<p>(43) Occupation of Most recent Employment prior to WIOA participation (if available) Onet Code and title: _____</p>		
<p>(44) Farmworker Status: <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No</p>	<p>(45) Type of Qualifying Farmwork: <input type="checkbox"/> Agricultural Production & Services <input type="checkbox"/> Food Processing Establishments</p>	
<p>Dislocated Worker Information <i>The following prompts are only required for Dislocated Worker Eligibility</i></p>		
<p>(46) Dislocated Worker Category: <input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to Re-employment Assistance (RA) formerly Unemployment Compensation (UC), and is unlikely to return to previous industry or occupation.</p> <p><input type="checkbox"/> Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UI due to insufficient earnings, or the employer is not covered under the state UI law, and is unlikely to return to previous industry or occupation.</p> <p><input type="checkbox"/> Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of permanent closure of or substantial layoff at a plant, facility or enterprise.</p> <p><input type="checkbox"/> Category 4: Individual is employed at a facility at which the employer has made general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Lay off Date below.</p> <p><input type="checkbox"/> Category 5: Individual was previously self-employed (including employment as a farmer, a rancher, or a fisherman), but is unemployed as a result of general economic conditions in the community that the individual resides or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.</p> <p><input type="checkbox"/> Category 6: Displaced homemaker. An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member, but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;</p> <p><input type="checkbox"/> Category 7: The spouse of a member of the Armed Forces on active duty who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member;</p> <p><input type="checkbox"/> Category 8: The spouse of a member of the Armed Forces on active duty who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p> <p><input type="checkbox"/> Category 12: Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for Dislocated Workers in categories 1-8 above, but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.</p> <p><input type="checkbox"/> None of the above. Individual does not meet the definition of Dislocated Worker.</p>		
<p>(47) Projected Date of Layoff:</p>	<p>(48) Actual Layoff Date <i>If date is in the future, please leave blank until actual layoff date.</i> <input type="checkbox"/> Verified</p>	
<p>(49) Attended Group Orientation (<i>Rapid Response</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(50) Most Recent Date Attended Rapid Response Service</p>	<p>(51) Dislocation Event #</p>

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) – MIS-1 ADULT ELIGIBILITY APPLICATION

(52) Dislocation Employer		
Employer Name _____		
Address 1: _____		
City: _____ State: _____ Zip Code: _____		
(53) Dislocation Hourly Wage: \$ _____ <input type="checkbox"/> Verified		
(54) Layoff Industry		
NAICS Code/Title: _____		
(55) Layoff Occupation Code		
O*Net Code/Title: _____		
(56) Declining Industry: <input type="checkbox"/> Yes <input type="checkbox"/> No	(57) If working, job lacks opportunity to advance or have a wage gain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
(58) TAA Petition Number: _____		
Education Information		
(59) Current Highest School Grade Completed (from registration)		
<input type="checkbox"/> No School Grades Completed	<input type="checkbox"/> 1 st Grade Completed	
<input type="checkbox"/> 2 nd Grade Completed	<input type="checkbox"/> 3rd Grade Completed	
<input type="checkbox"/> 4 th Grade Completed	<input type="checkbox"/> 5th Grade Completed	
<input type="checkbox"/> 6 th Grade Completed	<input type="checkbox"/> 7 th Grade Completed	
<input type="checkbox"/> 8 th Grade Completed	<input type="checkbox"/> 9 th Grade Completed	
<input type="checkbox"/> 10 th Grade Completed	<input type="checkbox"/> 11 th Grade Completed	
<input type="checkbox"/> 12 th Grade Completed & Did not receive diploma or equivalent	<input type="checkbox"/> High School Equivalency Diploma	
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> 1 Year of College or Technical or Vocational School	
<input type="checkbox"/> 2 Years of College or a Technical or Vocational School	<input type="checkbox"/> 3 Years of College or a Technical or Vocational School	
<input type="checkbox"/> Vocational School Certificate	<input type="checkbox"/> Associates Degree	
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	
<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Specialized Degree (e.g. MD, DDS)	
(60) School Status		
<input type="checkbox"/> In-School, H.S. or less		
<input type="checkbox"/> In-School, Alternative School		
<input type="checkbox"/> In-School, Post H.S.		
<input type="checkbox"/> Not attending school, H.S. Dropout		
<input type="checkbox"/> Not attending school, H.S. Graduate		
<input type="checkbox"/> Verified		
(61) Attending any school (per state definition) <i>excluding Adult Education</i>		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<input type="checkbox"/> Verified		
Public Assistance <i>The following prompts are not required for Adult Basic Career Services Application</i>		
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>		
(62) TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	(63) Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	(64) State or Local Income based public assistance (<i>General Assistance</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified
(65) Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	(66) Social Security Disability Income (SSDI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
(67) Receiving or been notified will receive Pell Grant		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Barriers <i>The following prompts are not required for Adult Basic Career Services Application</i>		
(68) English language learner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	(69) High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	(70) Basic Skills Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) – MIS-1 ADULT ELIGIBILITY APPLICATION

(71) Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	(72) Offender – individual has been arrested/convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
Barriers to Employment <i>The following prompts are not required for Adult Basic Core Only Application</i>		
(73) Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <i>Displaced Homemaker Verification required for Dislocated Worker Only</i>	(74) Within 2 years of exhausting TANF lifetime eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No	(75) Single Parent (including single pregnant women) <input type="checkbox"/> Yes <input type="checkbox"/> No
(76) Individual facing substantial cultural barriers <input type="checkbox"/> Yes <input type="checkbox"/> No	(77) Eligible migrant season farmworker as defined in WIOA Sec 167(i) <input type="checkbox"/> Yes <input type="checkbox"/> No	(78) Meets Governors special barriers to employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Income:		
(79) Due to individual's disability, they qualify as a Family of 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	(80) Family Size _____ <input type="checkbox"/> Verified	(81) Annualized Family Income \$ _____ <input type="checkbox"/> Verified
Miscellaneous		
Adult Priority		
(82) Meets the Additional Priorities established by the Governor and/or Local Board <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		
Eligibility		
(83) Applicant meets the definition for low income <input type="checkbox"/> Yes <input type="checkbox"/> No		
WIOA Formula Program Eligibility		
(84) Adult Basic Career Services <input type="checkbox"/> Yes <input type="checkbox"/> No	(85) Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	(86) Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Basic Only
WIOA Grant Eligibility		
(87) National Dislocated Worker Grant NDWG (formerly NEG) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(88) Statewide Adult Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(89) Statewide Dislocated Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
(90) Statewide Incumbent Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(91) Statewide Rapid Response Additional Assistance Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Non-WIOA Grants		
(92) Non-WIOA Special Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(93) Local Funded Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Grants		
Grant Type	Grant Name	Grant Code

(94) 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.

Signature

Date

Signature of Staff Person

Date

COMMENTS

PRIVACY STATEMENT

Disclosure of your social security number is voluntary. It is requested however, pursuant to Section 119.071(5)(a), Florida Statutes for the administration of WIOA programs, and will be used in assessing and reporting program performance and accountability to the federal government.