

WORKFORCE INVESTMENT ACT REGISTRATION FOR TITLE IB SERVICES

All items marked with * are system required fields.

General Questions

*SSN _____ - _____ - _____

Circle If Applicable:
Jr. Sr. III IV

*First Name

Middle Initial

*Last Name

Phone Number (_____) _____ - _____

Alternate Phone Number

Alternate Phone Number (_____) _____ - _____

Information: _____

TTY Number (_____) _____ - _____

Pager Number (_____) _____ - _____

Residence:

*Residence Street Address

Apt. # or P.O. Box #

*City

*State

*Zip Code

Mailing Address: (if different from residence)

Street Address

City

State

Zip Code

Email Address _____

Preferred Method of Notification (circle one):

E-mail

Postal mail

Telephone

***Gender:** M F

***Date of Birth** ___ / ___ / _____ (MM/DD/YYYY)

Ethnicity: Hispanic or Latino (circle one) Y N

Race: Select all that apply (circle):

American Indian or Alaskan Native Y N

Hawaiian Native or other Pacific Islander Y N

Asian Y N

White Y N

Black or African American Y N

Disability: (circle one) Y N

YOUTH ONLY: If disabled, disability results in substantial barrier to employment Y N

***Citizenship:** (circle one) U.S. Citizen Non-Citizen Allowed to Work Non-Citizen NOT Allowed to Work

Alien Registration Number: _____

Served in U.S. Military (for informational purposes only): Y N

Spouse Served in U.S. Military: Y N

Special Assistance Code: _____ see attachment

***WIB Region:** (circle one) Eastern North Central Northwest South Central Southwest

Other Contact Information

Person to Contact: _____

Street Address

City

State

Zip Code

Phone Number (_____) _____ - _____

Fax Number (_____) _____ - _____

Email Address: _____ Relationship (aunt/uncle, sister/brother, friend, etc.): _____

WIA Intake Information

WIA Intake Completed By: _____

Agency: _____ Local Office: _____

WIA Program Information

Local Use:

***Date of Data Collection:** ___ / ___ / _____ (MM/DD/YYYY)

***Selective Service Registration:** (circle one) Y N N/A

***Veteran Status:** (circle one) N Y, <= 180 days Y, Eligible Veteran Y, Other Eligible Person (eligible spouse)

If Veteran: (answer each of the three categories and circle one answer for each)

Campaign Veteran Y N **Disabled Veteran** N/A Y Y, Special Disabled **Recently Separated** Y N

***Education Status:** (select one)

- | | |
|--|--|
| In school, H.S. or less <input type="checkbox"/> | Not attending school, H.S. Dropout <input type="checkbox"/> |
| In school, Alternative School <input type="checkbox"/> | Not attending school, H.S. Graduate <input type="checkbox"/> |
| In school, Post - H.S. <input type="checkbox"/> | |

***Highest Grade Completed:** (select one)

- | | | | |
|---|--|--|--|
| No School Grades Completed
____ (fill in 01 – 15)* | GED or Equivalent
High School Diploma | Certificate of Attendance/Completion
Other Post-Secondary Degree or Certificate | Associate Diploma or Degree
Bachelor's Degree or Equivalent
Education beyond Bachelor's Degree |
|---|--|--|--|
- *fill in ONLY if no other selection applies

***Pell Grant Recipient:** Y N

***Low Income:** Y N

Participating in: (circle all that apply)

TANF Y N **RCA** Y N **SAGA** Y N **SSI** Y N

***Family Size:** _____ ***Food Stamp Recipient:** Y N ***Annual Family Income:** \$ _____

***Foster Child** Y N

***Labor Force Status:** (circle one) Employed Not Employed Employed, but Received Notice of Termination or Military Separation

***Unemployment Compensation:** (circle one) Claimant Exhaustee None

***Referred by ERS** Y N **Single Parent (Y, Y5%)** Y N **Limited English (Y, Y5%)** Y N

WIA: Concurrent Participation

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Veteran's Labor Exchange |
| <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Other non-WIA Programs | <input type="checkbox"/> Rapid Response* |
| <input type="checkbox"/> Wagner Peyser* | <input type="checkbox"/> TAA* | <input type="checkbox"/> Welfare-to-Work Participant |
| <input type="checkbox"/> Veteran's WIP | <input type="checkbox"/> Native American Programs | <input type="checkbox"/> CSBGA |
| <input type="checkbox"/> SCSEP (Title V Activities) | <input type="checkbox"/> YouthBuild/HUD | <input type="checkbox"/> MSFW |
| <input type="checkbox"/> Rapid Response
Additional Assistance | <input type="checkbox"/> Job Corps | <input type="checkbox"/> NAFTA-TAA |

WIA: Barriers to Employment

- | | | |
|--|---|--|
| <input type="checkbox"/> Limited English (A, DW) | <input type="checkbox"/> Runaway (under 18) * | <input type="checkbox"/> Deficient Basic Literacy Skills (Y,Y5%) |
| <input type="checkbox"/> Displaced Homemaker (A, DW) | <input type="checkbox"/> Pregnant or Parenting (Y,Y5%) | <input type="checkbox"/> School Dropout (Y, Y5%) |
| <input type="checkbox"/> Single Parent (A, DW) | <input type="checkbox"/> Requires Additional Assistance (Y) | <input type="checkbox"/> Foster Child (Y) |
| <input type="checkbox"/> Offender* | <input type="checkbox"/> Homeless* | <input type="checkbox"/> Serious Barrier – Board Defined |
- What is that barrier? _____

WIA: Dislocated Workers

***Dislocated Worker Status:** (select one)

- | | |
|---|---|
| <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Received Notification of Termination or Layoff |
| <input type="checkbox"/> General Announcement | <input type="checkbox"/> Terminated or Laid Off |
| <input type="checkbox"/> Not Eligible | <input type="checkbox"/> Unemployed, Self-Employed |

Hourly Wage at Dislocation: \$ _____

Date of Actual Layoff: ___ / ___ / _____ (MM/DD/YYYY)

Hours worked per week at time of dislocation: _____ **Employer State ID Number:** _____

Documents Presented

*Social Security Number _____

*Age _____

*Selective Service Status _____

*Citizenship _____

*Number in Family _____

*Individual/Family Income _____

*Public Assistance _____

*Basic Skills _____

*School Dropout _____

*Behind Grade Level _____

*Food Stamps _____

*Homeless _____

*Foster Child _____

*Disability _____

*Pregnant or Parenting _____

*Offender _____

*Youth Needs Additional Assistance _____

*Serious Barrier to Employment _____

*Runaway (under 18) _____

*1a) Dislocated Worker terminated/laid off, **and** _____

* b) Dislocated Worker eligible for or exhausted UI benefits, **and** _____

* c) Dislocated Worker unlikely to return to previous occupation _____

*2a) Dislocated Worker whose place of business has closed, **or** _____

* b) Dislocated Worker whose place of business will close _____

*3) Dislocated Worker economic conditions prevent self-employment _____

*4) Dislocated Worker is a displaced homemaker _____

Civil Rights Law

The race, ethnicity, disability status, age, citizenship status and gender information is requested for the purpose of determining our compliance with Federal civil rights law. By providing this information, you will assist us in assuring that programs are administered in a non-discriminatory manner. Connecticut employment and training programs are equal opportunity programs and auxiliary aids and services are available upon request.

Ley de Derechos Civiles

Información sobre raza, grupo étnico, estado de discapacidad, edad, estado de ciudadanía y género(sexo) es solicitada para determinar nuestra conformidad con las leyes Federales de derechos civiles. Con proveernos esta información, usted nos ayudará a asegurar que los programas sean administrados de manera no discriminatoria. Los programas de trabajo y entrenamiento en Connecticut brindan igualdad de oportunidades. Ayudas auxiliares y servicios serán proveídos si los solicita.

Applicant/Participant Attestation and Release

I certify that statements made by me on this intake form are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from this program or activity and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of this information provided by me may be verified and I allow the release of this information by the authorized entity for verification purposes.

Applicant/Participant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Atestiguar y Cesión de Aplicante/Participante

Yo certifico que las declaraciones hechas por mí en este (intake) formulario son proveídas voluntariamente y son verdaderas, completas y correctas según mi leal entender y saber, y son hechas de buena fe. Entiendo que en caso que yo haya hecho declaraciones falsas a sabiendas, puedo ser descalificado o despedido del programa o actividad y ser sujeto a otras sanciones que puedan ser prescritas por ley o reglamento. También entiendo que toda y cualquier información proveída por mí está sujeta a ser verificada. Permito que esta información sea compartida por la entidad autorizada con el propósito de verificarla.

Firma de Aplicante/Participante _____ Fecha _____

Firma de Padres o Guardián _____ Fecha _____

Interpreter Signature

I certify that I translated the contents of this document and that the applicant/participant understands its contents.

_____ Date _____

Intake Worker Signature

_____ Date _____

Firma del Trabajador de "Intake"

_____ Fecha _____