



WIOA GRANT APPLICATION

“IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical you understand the information in this document and we will provide the information in your preferred language at no cost to you. Call 815-942-0566 for assistance in the translation and the understanding of information in this document.”

Workforce Innovation Opportunity Act (WIOA) Checklist

The following are the necessary steps that must be taken **BEFORE** complete eligibility can be determined. This process can take anywhere from 2-4 weeks.

Required for Orientation:

- Complete WIOA Application (this packet)
- Gather Documents of Support (see below)

The following documents are required of **ALL** participants of the WIOA grant.

- | | |
|---|---|
| <ol style="list-style-type: none">1. Citizenship (choose one)<ul style="list-style-type: none"><input type="checkbox"/> Birth Certificate<input type="checkbox"/> Passport<input type="checkbox"/> DD214 (if place of birth is listed)<input type="checkbox"/> Alien Registration Card<input type="checkbox"/> Immigration/Naturalization Paper2. Current Residence (choose one)<ul style="list-style-type: none"><input type="checkbox"/> Driver's License<input type="checkbox"/> Voter Registration Card<input type="checkbox"/> Utility Bill<input type="checkbox"/> Postmarked Envelope3. Social Security Number<ul style="list-style-type: none"><input type="checkbox"/> Social Security Card4. Proof of Education (all that apply)<ul style="list-style-type: none"><input type="checkbox"/> High School Diploma or transcripts<input type="checkbox"/> Illinois High School Diploma/GED<input type="checkbox"/> College Degree5. Résumé (If you do not have one, we will schedule a workshop with you.) | <p style="text-align: center;">Please provide all additional documents
if applicable</p> <ol style="list-style-type: none">6. Must have registered for Selective Service (Male clients only) www.sss.gov6. Motor Vehicle Report from the DMV (CDL programs)7. Proof of Legal Name Change (If name on all documents doesn't match)<ul style="list-style-type: none"><input type="checkbox"/> Marriage Certificate<input type="checkbox"/> Court Documents8. SNAP card (if receiving food stamps)9. Unemployment Insurance history10. Layoff or Closure letter from employer11. DD214 for all Veterans |
|---|---|

Schedule/Attend Orientation:

- Review grant information with GWS staff member and sign documents
- Complete required career assessments
- Complete TABE (math and reading) assessment

Schedule Eligibility Verification Meeting:

- Once all above steps are complete

Client Information Sheet

Name _____ Date of birth _____

Address _____ City/Zip _____

Primary Phone _____ E-mail _____

High School Status Graduated GED Do you receive food stamps? Yes No

Current Employment Status: Full time Part time Unemployed Never Worked

If employed, list hours per week and wage: _____

Are you receiving or have you received unemployment benefits? Yes No

Family Status: List the names and ages of those in your household that are related to you by blood or marriage, including children:

Name(s) of Family Member(s) Who Live with You	Relationship	Age	Has income? (yes or no)	Dependent under 18? (yes or no)

Please provide contact information for 2 individuals who do not live at your residence, that you maintain frequent contact with (family members are preferred).

Name: _____

Relationship to Applicant: _____

Phone Number: _____

Name: _____

Relationship to Applicant: _____

Phone Number: _____

The information above is correct to the best of my knowledge and there has been no attempt to commit fraud.

Applicant Signature

Date

Parent Signature (if under 18)

Date

Coordinator Signature

Date

WIOA WORK HISTORY

Beginning with the current or most recent position, provide at least 2 years of history.

Name of Employer:		
Dates of Employment:	From:	To:
Position:		Status:
Wage: (per hour/day/week)		Hours per week:
Job Duties:		
Reason for leaving:		

Name of Employer:		
Dates of Employment:	From:	To:
Position:		Status:
Wage: (per hour/day/week)		Hours per week:
Job Duties:		
Reason for leaving:		

Name of Employer:		
Dates of Employment:	From:	To:
Position:		Status:
Wage: (per hour/day/week)		Hours per week:
Job Duties:		
Reason for leaving:		

Name of Employer:		
Dates of Employment:	From:	To:
Position:		Status:
Wage: (per hour/day/week)		Hours per week:
Job Duties:		
Reason for leaving:		

Consent to Release Form

I _____ consent to the release of information to Grundy Workforce Services my status in the WIOA program; this includes information regarding employment from my employer or educational information from my educational institution.

This information will not be transmitted to any other individual or agency, other than a Workforce Services office within the state of Illinois. I hereby release Grundy Workforce Services from any and all liability or damages for providing this information.

Signature

Date

Parent signature if under 18

Date



BASIC SKILLS SCREENING TOOL

Name:

Date of Birth:

- 1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)? Yes No Currently in high school (does not include GED or HSED programs)
- 2) Can you follow basic written instructions and diagrams with no help or just a little help? Yes No
- 3) Can you fill out basic medical forms and job applications? Yes No
- 4) Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? Yes No
- 5) Can you do basic tasks on a computer? Yes No
- 6) Do you speak and read English well enough to get and keep a job? Yes No

Signature:

Date Signed:

For Internal Use Only:

Was the individual able to complete the screening tool without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>For the Adult Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.</p> <p>Does the individual receive priority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>For the Youth Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.</p> <p>Does the individual have an eligibility barrier?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Name of Career Planner:	
Career Planner Signature:	Date Signed: