



## TITLE 1B TRAINING SCHOLARSHIP

18 and older



“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.”

## ***WIOA CHECKLIST***

The following are the necessary steps that must be taken **before** complete eligibility can be determined.

### **Required for Intake Appointment:**

- \_\_\_\_\_ WIOA Packet completed
- \_\_\_\_\_ Documents of Support (checklist found in 2<sup>nd</sup> page of WIOA Packet)

### **At Scheduled Intake Appointment:**

- \_\_\_\_\_ 30-minute intake assessment: review of WIOA packet and documents of support
- \_\_\_\_\_ Reading/Math TABE Testing

### **Follow up Appointment:**

- \_\_\_\_\_ Finalize eligibility determination

**NOTE:** If you do not have your required written documentation for your scheduled intake appointment, your application cannot be completed and will be delayed.

*My signature below certifies that I have read this notice and have completed all the steps on the above checklist. Failure to produce all completed packets, and required documentation will result in an unprocessed application.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



All programs are Equal Opportunity Employer Programs, and auxiliary aids and services are available upon request to individuals with disabilities.

## ***DOCUMENTS OF SUPPORT***

The following documents are required of ALL participants of the Workforce Innovation Opportunity Act.  
The checklist will help you organize your documentation.

- |  |  |
|--|--|
| <p>1. Citizenship (choose one)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Birth Certificate</li><li><input type="checkbox"/> Passport</li><li><input type="checkbox"/> DD214 (if place of birth is listed)</li><li><input type="checkbox"/> Alien Registration Card</li><li><input type="checkbox"/> Immigration/Naturalization Paper</li></ul> <p>2. Current Residence (choose one)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Driver's License</li><li><input type="checkbox"/> Voter Registration Card</li><li><input type="checkbox"/> Utility Bill</li><li><input type="checkbox"/> Postmarked Envelope</li></ul> | <p>3. Social Security Number</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Social Security Card</li></ul> <p>4. Proof of Education (all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> High School Diploma or Transcripts</li><li><input type="checkbox"/> Proof of GED</li><li><input type="checkbox"/> College Degree</li></ul> <p>5. Must have registered for Selective Service<br/><a href="http://www.sss.gov">www.sss.gov</a> (for male clients only)</p> |
|--|--|

**\*Must have a photo ID\***

**Please bring the following documents that apply.**

### **Income Eligibility**

- SNAP Card (Food stamps)

*OR*

- Current check stubs
- Birth certificates for all family members to prove family size
- Current income for all family (Paystubs, SSI, etc.)

### **Dislocated Worker Eligibility**

- Unemployment Insurance (UI) history from IDES web site
- Lay-Off or closure letter from employer

**All Veterans please bring in your DD214**

*\*\*All documentation must be provided before an application can be completed.  
The intake specialist may require additional information if the above is not sufficient.*

## ***NOTICE OF TRAINING ASSISTANCE GUIDELINES***

Participation in the Workforce Innovation Opportunity Act Programs and to continue to receive tuition assistance is based on specific guidelines that must be followed by each participant. It is expected that as a participant of this program you will comply with all stated guidelines. Failure to do so may result in ineligibility and loss of funding.

- Monthly contact made by the participant to their case manager is **required**
- Monthly attendance sheets with the signature of each course instructor is also **required**
- **One** program/occupational area only will be funded per participant
- A **minimum GPA of 2.0** is required for continued WIOA eligibility
- Enrollment in consecutive semesters with a minimum of 2 classes per semester is **required**
- This grant will **not** cover repeat and/or failed courses
- Books, classes, and other costs not associated with the participant's approved program will **not** be covered
- Submittal of FAFSA must be completed on an annual basis, and proof of this submittal is **required** for Financial Aid eligible programs
- A minimum of 3 appointments per year with the case manager are **required**
- **Immediate** notification of employment status, and/or change in address, phone number is **mandatory**
- Credentials received and proof of employment will be **expected** upon receipt of each
- Lack of federal WIOA funding will affect funds for training.
- All the above guidelines are **mandatory** to ensure continued participation and funding

*My signature below certifies that I have read this notice and fully understand and agree to comply with the above listed guidelines. I understand that failure to comply will result in ineligibility and loss of funding.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***STATEMENT OF INTENT***

Please state briefly your reasons for requesting training assistance for this career, why you have chosen this program, and how it will increase or replace your earning potential:

---

---

---

---

---

---

---

---

I understand that by submitting this proposal that I am in no way guaranteed or entitled to financial assistance from Workforce Services Division.

---

Signature of Customer

---

Date of Submission

---

Signature of Case Manager

# WIOA WORK HISTORY

Beginning with the current or most recent position, list and describe all jobs held.

Employer Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Yr)  
Wage: \_\_\_\_\_ Per: (hour/ day/ week) Hours per week: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Yr)  
Wage: \_\_\_\_\_ Per: (hour/ day/ week) Hours per week: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Yr)  
Wage: \_\_\_\_\_ Per: (hour/ day/ week) Hours per week: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Yr)  
Wage: \_\_\_\_\_ Per: (hour/ day/ week) Hours per week: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Have you been employed since job dislocation? Yes \_\_\_ No \_\_\_  
If yes, was the employment temporary for the  
purpose of Income maintenance? Yes \_\_\_ No \_\_\_

# Client Information Sheet

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

## ***HOW WILL YOU SURVIVE?***

Since schooling or training may last several months to several years, you need to consider how you would live financially during that time. Your financial needs help you decide whether you should go to a shorter or longer training program. Use this worksheet to decide whether you can afford to be in training.

<b>INCOME</b>	<b>PER MONTH</b>
Your take home pay	
Spouse's take home pay	
Child support/alimony	
Social Security	
Unemployment	
Welfare Assistance	
Food Stamps	
Other	
<b>TOTAL INCOME</b>	

<b>EXPENSES</b>	<b>PER MONTH</b>
Rent	
Electric	
Natural Gas	
Water	
Garbage	
Telephone	
Food	
Clothing	
Cable	
Car Payment	
Car Insurance	
Gas	
Credit Card Payments	
Other Insurance	
Child Support	
Other	
<b>TOTAL EXPENSES</b>	

**Total Income** \_\_\_\_\_ - **Total Expenses** \_\_\_\_\_ = \_\_\_\_\_

Are you financially able to survive while in training? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain how you will support yourself during training?

---



---



---



# ***Drug Free Policy***

## **Purpose and Goal**

The Grundy Livingston Kankakee Workforce Board is committed to protecting the safety, health and well being of all employees, contracted providers and their employees, clients, and other individuals in our workplace and in our programs. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free program that balances our respect for individuals with the need to maintain a drug-free environment. This organization encourages clients to voluntarily seek help with drug and alcohol problems.

## **Covered Clients**

Any individual who is enrolled in services and receiving funding from the organization under Title 1 of the Workforce Innovation Opportunity Act or any other funding the Workforce Board is administering is covered by this drug-free policy.

Each enrolled client, as a condition of continued funding, may be required to participate in for cause testing upon selection or request of their career specialist/case manager, or based on enrollment in training programs that require initial testing or testing prior to licensing.

## **Drug Testing**

Testing will be conducted at a locally recognized facility of the provider's choice. All drug-testing information will be maintained in confidential records.

## **Consequences**

Any client who tests positive will be immediately referred to a substance abuse professional for assessment and recommendations. Career specialists/case managers may refer clients to any appropriate, locally accessible substance abuse counseling facility. Referrals must be documented in the client's case file. WIOA funds may not be expended on direct counseling, but may be used for follow-up testing. Clients who have been referred to a substance abuse counseling facility may be subject to ongoing, unannounced, follow-up testing for a period of three years or exit from the program, whichever comes first. Clients will be exited from the program immediately if he/she tests positive a second time.

A client will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in any way.

## **Assistance**

Grundy Livingston Kankakee Workforce Board recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our clients, our drug-free policy:

- Encourages clients and employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages clients and employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Ensures the availability of a current list of qualified community professionals.

## **Communication**

Communicating our drug-free policy to clients is critical to our success. To ensure all clients are aware of their role in supporting our drug-free program:

- All clients will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new clients.
- All clients will acknowledge that they have received, read and understand this policy by signing the policy.

---

Name

Date

## *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



## ***TRAINING PROGRAM INFORMATION***

In order to be considered for WIOA funding, the training program you choose must be pre-approved. Please refer to the following website for a list of WIOA approved training programs:  
<https://www2.illinoisworknet.com/Training/Pages/WIOATrainingProgramSearch.aspx>  
 Research two different schools if available. Make sure you **print out** the page with the program information after you have completed your program search.

<b>School Possibility #1</b>	<b>School Possibility #2</b>
School name:	School name:
Name of program:	Name of program:
Total cost of program (books, supplies, licensure, certification):	Total cost of program (books, supplies, licensure, certification):
Name of advisor at the school that you spoke to:	Name of advisor at the school that you spoke to:
Length of program (including prerequisites/required classes):	Length of program (including prerequisites/required classes):
List the prerequisites needed for the training program:	List the prerequisites needed for the training program:
List the required classes needed for the training program:	List the required classes needed for the training program:
Do you plan to attend training on a full-time or part-time basis?	Do you plan to attend training on a full-time or part-time basis?

## ***LABOR MARKET RESEARCH***

It is your responsibility to research occupations that may be a match for you.

Below is a list of websites you can use to conduct labor market research.

1. [www.illinoisworknet.com](http://www.illinoisworknet.com)

2. <https://jjc.emsicareercoach.com/>

Type of career or job:

---

Average starting salary for this job:

---

List some of the job duties:

---

---

---

Outlook for this career (future growth):

---

---

Physical demands of this job:

---

Possible places of employment:

---

---

What type of training/skills are needed:

---

---

---

List training/skills you already have that fit this occupation:

---

---

---

## **FEDERAL STUDENT AID (FAFSA)**

www.fafsa.ed.gov

If applicable, complete Free Application for Federal Student Aid (FAFSA) online or renewal FAFSA (for students who have applied in previous year). Make sure you print out your confirmation page and keep with your career search packet.

1. Apply to the school of your choice so when you submit your FAFSA application the school has your admissions application already on file.
2. Log into [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and click on “Start a New FAFSA”.

Federal Student Aid  
An OFFICE of the U.S. DEPARTMENT of EDUCATION

PROUD SPONSOR of  
the AMERICAN MIND®

FAFSA®  
Free Application for Federal Student Aid

Home About Us FSA ID StudentAid.gov Help

English | Español

**Get help paying for college**  
Submit a Free Application for Federal Student Aid (FAFSA)

**New to the FAFSA?**  
**Start A New FAFSA**

**Returning User?**  
• Make a correction  
• Add a school  
• View your Student Aid Report (SAR), and more...  
**Login**

3. You will create a username and password to access your application in the future.
4. Complete the application using your previous\* year’s W-2’s and Federal 1040’s.  
*\*In certain circumstances, you will need to use financial information from two previous years.*
5. **Print out your confirmation page.**