



YOUNG ADULT TRAINING SCHOLARSHIP

18 - 24



“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.”

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

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.

- | | |
|--|--|
| 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 Paper | 3. Social Security Number <ul style="list-style-type: none"><input type="checkbox"/> Social Security Card |
| 2. 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 Envelope | 4. Proof of Education (all that apply) <ul style="list-style-type: none"><input type="checkbox"/> High School Diploma or Transcripts<input type="checkbox"/> Proof of GED |
| | 5. Must have registered for Selective Service
<u>www.sss.gov (for male clients only)</u> |

Must have a photo ID

If you select one of the following barriers you must provide documentation for the barrier.

- ☐ Pregnant or parenting*
- ☐ Homeless*
- ☐ High-school dropout*
- ☐ Runaway*
- ☐ Individual with disability*
- ☐ Foster Child*
- ☐ Juvenile or adult justice system*

Income Eligibility Documentation:

- ☐ 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.)

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

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? ☐ Yes ☐ No

For the Adult Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority?

☐ Yes ☐ No

For the Youth Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier?

☐ Yes ☐ No

Name of Career Planner:

Career Planner

Signature:

Date Signed:

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: _____
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: _____
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: _____
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: _____
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: _____
Wage: _____ Per: (hour/day/week) Hours per week: _____
Job Duties: _____
Reason for leaving: _____

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

Release of Information

Name: _____

Social Security # _____

In an effort to coordinate and customize my services, I _____, give my permission to Grundy Workforce Services to obtain or release, and/or discuss the following information from/to/with other training and service providers, including employers, with whom I may be involved.

- ☐ Participation and Progress
- ☐ Testing and Assessment
- ☐ Qualifications for Employment
- ☐ Verification of Employment and Gross Earnings
- ☐ Disability Services
- ☐ Post-termination Follow-up
- ☐ Other (specify)

Those providers may include, but are not limited to, Illinois Department of Human Services, Illinois Department of Employment Security, Office of Rehabilitation Services, local education providers/schools, (including adult education providers), and potential/current employers as part of job development and/or retention done on my behalf.

I attest that this authorization is given freely. Furthermore, I have not waived my rights to privacy nor the right to revoke this authorization at any time in writing, but that revoking it will not cancel what was already done. I understand that I have the right to inspect and copy any information to be disclosed.

This release of information is valid for as long as I am receiving services funded by the Workforce Innovation Opportunity Act.

Participant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable/client is under 18 years of age)

Coordinator Signature: _____ Date: _____

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

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.

School Possibility #1	School Possibility #2
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

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 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®

Free Application for Federal Student Aid

Home About Us FSA ID StudentAid.gov Help

SEARCH

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.**