

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Workforce Administration
 Workforce Innovation and Opportunity Act

WIOA TITLE IB APPLICANT STATEMENT

Applicant Statement – Write a statement on the back of this page if you cannot provide documentation to verify specific categories (see list on back).

Applicant Information

APPLICANT'S NAME	PARTICIPANT ID	DATE OF BIRTH	CASE MANAGER'S NAME
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All WIOA Title IB Programs (Adult, Dislocated Worker, and Youth) – Complete this section for all individuals entering the WIOA Youth, Adult, or Dislocated Worker program and self-attesting to the approved element below:

Homeless Individual/Runaway Youth

I am a homeless individual/runaway youth

WIOA Youth and Adult Programs – Complete this section for all individuals entering the WIOA Youth or Adult programs and self-attesting to the approved element below:

Family Size – Complete this section when determining family size for individuals entering WIOA Adult or Youth programs and self-attesting to family size.

Number in Family	Family Member Names	Relationship

Youth – Complete this section for youth entering the WIOA Youth program and self-attest to the approved element(s) found below:

Youth Offender

I am a youth offender Incarcerated: Yes No Probation: Yes No

Youth Needing Assistance

I am a youth who needs additional assistance to complete an educational program.
 I am a youth who requires assistance to secure and hold employment.

Education Status at Participation

In-School – H.S. or less In-School – Alternative H.S. In-School – Post-Secondary
 Not attending school – H.S. dropout Not attending school – H.S. graduate or received a HSE diploma

Pregnant/Parenting Youth

I am a pregnant or parenting youth

Foster Care

I am in foster care

Dislocated Worker/Displaced Homemaker – Complete this section for adults entering the WIOA Dislocated Worker program and self-attest to the approved elements found below.

<input type="checkbox"/> Terminated or Laid-Off	<input type="checkbox"/> Plant closure or Substantial layoff	DATE OF DISLOCATION
<input type="checkbox"/> Was Self-Employed	<input type="checkbox"/> Displaced Homemaker	

I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIOA program, and/or prosecution under the law.

APPLICANT'S SIGNATURE	DATE
PARENT/GUARDIAN/RESPONSIBLE ADULT/CORROBORATING WITNESS SIGNATURE <i>(Required If applicant is under age 18)</i> <i>I understand my signature grants permission for the youth named above to participate in the WIOA Youth program.</i>	DATE
CASE MANAGER'S SIGNATURE	DATE

Instructions for Completing WIOA Applicant Statement

The WIOA Applicant Statement is acceptable verification when no other form of verification is available for:

- Youth Who Need Additional Assistance
- Education Status at Time of Registration
- Homeless/Runaway Youth
- Pregnant/Parenting Youth
- Foster Care Youth
- Displaced Homemaker
- Date of Dislocation
- Address
- DW who has been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for unemployment due to insufficient earnings or having performed services for an employer not covered under state unemployment compensation law.

The WIOA Applicant Statement is acceptable verification in limited cases and may require further documentation for:

- **Offender**
In limited cases, the Applicant Statement is acceptable verification if no other form of verification is available.
- **Family Size**
The Applicant Statement is acceptable verification that an individual lives independently, or in a household with one or more additional individuals.
- **Not Employed/Lack of Income**
The Applicant Statement is acceptable verification when an individual claims to have been employed during the six-month period prior to eligibility. The Applicant Statement must indicate the means of support for the previous six-month period.
- **Individual Status/Self-Supported**
The Applicant Statement is acceptable when an individual claims: (a) he/she lives independently and is not dependent upon the income of another person; or (b) the individual, though living with others, is not dependent upon the income of other residents in the household. In either case, the individual must produce documentation indicating his/her source of support.

Applicant Statement – this is a self-certifying document and is to be used as an alternative only when no other documentation can be provided.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.