

## WIOA APPLICANT STATEMENT

Applicant Information		
Applicant's Name	Participant ID	Date of Birth
Case Manager's Name		
Youth – Complete this section for youth enter WIOA services and self-attesting to the approved element(s) found below:		
<b>Youth Offender</b>		
<input type="checkbox"/> I am a youth offender <span style="margin-left: 100px;">Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="margin-left: 100px;">Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>Youth Needing Assistance</b>		
<input type="checkbox"/> I am a youth who needs additional assistance to complete an educational program. <input type="checkbox"/> I am a youth who requires assistance to secure and hold employment.		
<b>Education Status at Participation</b>		
<input type="checkbox"/> In-School – H.S. or less <span style="margin-left: 100px;"><input type="checkbox"/> In-School – Alternative H.S.</span> <span style="margin-left: 100px;"><input type="checkbox"/> In-School – H.S.</span> <input type="checkbox"/> Not attending school – H.S. dropout <span style="margin-left: 100px;"><input type="checkbox"/> Not attending school – H.S. graduate or received a GED</span>		
<b>Homeless/Runaway Youth</b>		<b>Pregnant/Parenting Youth</b>
<input type="checkbox"/> I am homeless runaway		<input type="checkbox"/> I am a pregnant or parenting youth
Family Size – Complete this section when determining family size for adults and youth entering WIOA services and self-attesting to family size.		
Number in Family	Family Member Names	Relationship
<input style="width: 40px; height: 20px;" type="text"/>		
Dislocated Worker/Displaced Homemaker – Complete this section for adults entering WIOA services as a dislocated worker or displaced homemaker and self-attesting to the approved elements found below.		
<input type="checkbox"/> Terminated or Laid-Off <span style="margin-left: 100px;"><input type="checkbox"/> Was Self-Employed</span> <span style="margin-left: 100px;">Date of Dislocation: _____</span> <input type="checkbox"/> Plant Closure or Substantial Layoff <span style="margin-left: 100px;"><input type="checkbox"/> Displaced Homemaker</span>		
Applicant Statement – Write a statement on the back of this page if you cannot provide documentation to verify specific categories (see list on back).		
<b>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.</b>		
Applicant Signature		Date
Parent/Guardian/Responsible Adult/Corroborating Witness Signature (Required if applicant is under age 18)		Date
Case Manager Signature		Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and 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, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. 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. 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.

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## Instructions for Completing WIOA Applicant Statement

The WIOA Applicant Statement is acceptable verification if 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
- 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.
- **Proof of Unemployment/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 verification if no other form or verification is available. 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, through 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 self-certifying document and is to be used as an alternative only when no other documentation can be provided.