

I. GENERAL INFORMATION			
1. Today's Date: _____			
2. Social Security Number: _____		3. Do you live in the city limits of Duluth?    Y    N	
4. Last Name: _____		5. First Name: _____	6. M. I. _____
7. Current Address: _____			Apt. #: _____
8. City: _____		9. ST: <b>MN WI</b>	10. Zip Code: _____
11. County: _____			
12. Primary Phone: _____		13. Secondary Phone: _____	
14. Fax #: _____		15. Email Address: _____	
16. How did you hear about the Arrowhead Economic Opportunity Agency?			
<input type="checkbox"/> TV / Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> County <input type="checkbox"/> College <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____			
17. Birth Date: _____		29. Are you a Disabled Veteran? (Select One)    Yes <input type="checkbox"/>	
18. Your Age today is: _____		Yes, Special Disabled <input type="checkbox"/>	
19. What is your Gender? (Circle)                      Female or Male		Not a Disabled Veteran <input type="checkbox"/>	
20. What is your Race? (Mark all that apply)		30. What is your Family Status? (Mark one)	
American Indian / Alaskan Native <input type="checkbox"/>		A parent in a 1 parent family with dependent children <input type="checkbox"/>	
Asian <input type="checkbox"/>		A parent in a 2 parent family with dependent children <input type="checkbox"/>	
Black / African American <input type="checkbox"/>		A family member living with your family of 2 or more <input type="checkbox"/>	
Hawaiian Native / Other Pacific Islander <input type="checkbox"/>		Supporting yourself and not living with family <input type="checkbox"/>	
White <input type="checkbox"/>		31. What is your Student Status?                      In school <input type="checkbox"/>	
21. Do you consider yourself Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race?                      Y    N		Not in school <input type="checkbox"/>	
22. Do you have a Disability?		32. Are you a Migrant-Seasonal Farm Worker?	
No, I am not disabled <input type="checkbox"/>		No <input type="checkbox"/>	
Yes and my disability is a barrier to employment <input type="checkbox"/>		Yes, Migrant Farm Worker <input type="checkbox"/>	
Yes, but my disability is not a barrier to employment <input type="checkbox"/>		Yes, Migrant Food Processing Worker <input type="checkbox"/>	
If "Yes", is your disability:		Yes, Seasonal Farm Worker <input type="checkbox"/>	
Both physical & mental impairments <input type="checkbox"/>		33. Are you an Interstate Migrant Seasonal Farm Worker?    Y    N	
Mental impairments <input type="checkbox"/>		34. Date you will actively seek employment: _____	
Chose not to disclose <input type="checkbox"/>		35. Alternate Contact Information:	
Physical impairment <input type="checkbox"/>		Name: _____	
23. List primary language, if other than English: _____		Address: _____	
24. What is your Citizenship Status?                      U.S.Citizen <input type="checkbox"/>		City, State, Zip: _____	
Non-Citizen <input type="checkbox"/>		Phone #: _____	
Non-Citizen with Right to Work <input type="checkbox"/>		36. What is your Labor Force Status in the last 7 days? (Choose only one)	
<b>(Must Provide a copy of Alien Registration Card)</b>		Employed 31+ hours per week <input type="checkbox"/>	
25. Are You Registered with Selective Service?    Yes <input type="checkbox"/>		Employed 30 or less hours per week <input type="checkbox"/>	
Sel. Serv. #: _____    No <input type="checkbox"/>		Not in the labor force <input type="checkbox"/>	
Does Not Apply <input type="checkbox"/>		Unemployed <input type="checkbox"/>	
26. Are you a Veteran?                      Y    N		37. Do you have a limited English speaking ability?                      Y    N	
<b>ALL Veterans must provide a copy of DD214</b>		Are you "listed on" and currently receiving?	
27. Separated from the military within the last 12 months?    Y    N		38. Supplemental Security Income (SSI)    Y    N	
Active Duty Start Date: _____                      End Date: _____		39. MFIP Assistance (TANF)    Y    N	
Active Duty 2 Start Date: _____                      End Date: _____		40. Food Stamps / Food Support    Y    N	
28. What is your Veteran Type?    Campaign Badge Eligible <input type="checkbox"/>		41. Refugee Assistance    Y    N	
Not Applicable <input type="checkbox"/>		42. General Assistance    Y    N	
Other eligible <input type="checkbox"/>			
Vietnam Veteran <input type="checkbox"/>			

**II. FINANCIAL SECTION** **ALL APPLICANTS** must indicate amounts counting back 6 months from Today's Date

INCOME			ASSISTANCE		
	Applicant	Other family members		Applicant	Other family members
Gross wages/salary	\$	\$	MFIP / TANF cash	\$	\$
Self Employment (net)	\$	\$	General Assistance (GA)	\$	\$
Alimony	\$	\$	Supplement Security Income (SSI)	\$	\$
Retirement Incomes	\$	\$	Food Stamps	\$	\$
On the Job Training	\$	\$	Child Support	\$	\$
School aids/Grants	\$	\$	Unemployment Insurance	\$	\$
Social Security	\$	\$		\$	\$
Workers Compensation	\$	\$	School Pell Grant / Students Loans	\$	\$
Disability and Other Income (Specify)			Other Assistance (Specify)		
	\$	\$		\$	\$
	\$	\$		\$	\$
<b>Total 6 mos. of income for each</b>	\$	\$		\$	\$
<b>Total combined 6 mos. of income</b>	\$		<b>Total 6 mos. of assistance for each</b>	\$	\$
<b>43. Annualized INCOME</b>	\$		<b>Total ASSISTANCE for 6 months</b>	\$	

44. How many family members live in your household? \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

List name & age of all family members including yourself: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

44a. (OFFICE USE ONLY) Eligible Family Size: \_\_\_\_\_

**III. EDUCATION HISTORY**

	Colleges/Technical School	Grad.
45. What is your current education status? <b>(Check one)</b> Not a high school (HS) graduate and attending school <input type="checkbox"/> HS graduate, attending Post HS training <input type="checkbox"/> Not Attending School; HS Dropout <input type="checkbox"/> Not Attending School; HS Graduate <input type="checkbox"/>	a) School: _____	Y   N
	Dates attended: From: _____ to: _____	
	Major Course Studied: _____	
	b) School: _____	Y   N
46. Highest level of education you have <u>completed</u> : <b>(Circle one)</b>  1-6, 7, 8, 9, 10, 11, 12, GED, 13, 14, 15, 16, 17	<b>FOR OFFICE USE ONLY</b>	47. Basic Skills Deficient (Local Definition) Y   N
		48. Grade Equivalency READING Score
		49. Grade Equivalency MATH Score

**IV. GENERAL INFORMATION**

50. Were you referred by Worker Profiling Services?	Y   N	56. Are you homeless?	Y   N
51. Are you under 22 and pregnant or a parent?	Y   N	57. Have you ever been arrested or convicted of either a misdemeanor or felony?	Y   N
52. Are you under 22 and a "runaway" from home?	Y   N	58. Are you recovering from chemical dependency?	Y   N
53. Have you worked <b>LESS</b> than 6 consecutive months for any single employer during the past 3 years?	Y   N	59. (FOR OFFICE USE ONLY) WSA Barrier? (Low income, cash assistance or veteran)	Y   N
54. What is your Unemployment Insurance Status?  Claim filed or currently receiving benefits <input type="checkbox"/> Exhausted all of your benefits <input type="checkbox"/> Does not apply <input type="checkbox"/> Eligible for benefits but no claim filed <input type="checkbox"/> Not eligible for benefits due to insufficient earnings <input type="checkbox"/>		60. What is your Pell Grant Status?  Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Not applicable <input type="checkbox"/> Not applicable <input type="checkbox"/>	
		61. How many weeks you have been unemployed during the last 52 weeks?	
55. Are you a foster child on whose behalf state or local government payments are made?	Y   N	62. How many dependents do you have that are under 18 years old?	

## V. WORK HISTORY

### A. Current or Last Job

Work Type:  Paid  Unpaid  Volunteer  Other:

Employer:

Hrly Wage: \$

Hrs per Week:

Address:

Start Date: Mo/Yr

End Date: Mo/Yr

City:

State:

Zip:

Job Title:

Phone: (      )

63. ONET SOC:

What were your job duties?

What kinds of tools, material or equipment did you use regularly? (ie; Computer, office or heavy equipment, hand tools...)

How did you get this job?

Reason for leaving:

### B. Next to Last Job

Work Type:  Paid  Unpaid  Volunteer  Other:

Employer:

Hrly Wage: \$

Hrs per Week:

Address:

Start Date: Mo/Yr

End Date: Mo/Yr

City:

State:

Zip:

Job Title:

What were your job duties?

What kinds of tools, material or equipment did you use regularly? (ie; Computer, office or heavy equipment, hand tools...)

How did you get this job?

Reason for leaving:

## VI. YOUTH INFORMATION

If you are over 21 skip this section.

64. Are you eligible to receive free school lunches?      Y   N      68. Are you participating in a Youth Diversion Program?      Y   N

65. Are you at risk of dropping out of high school?      Y   N      69. Do you have a current Individual Education Plan (IEP) or 504 plan?      Y   N

### GREY AREA FOR OFFICE USE ONLY

70. WIA at Risk Youth      Y   N

66. Low Educational Attainment (Youth)      Y   N

67. MN at Risk Youth      Y   N

- 14 - 21 year old who meets **any one** of the following:
- A) pregnant / parenting
  - B) limited English proficiency
  - C) potential or actual school dropout
  - D) offender or participant in diversion programs
  - E) public assistance recipient/group home services
  - F) disabilities including learning disabilities
  - G) chem. dependent youth/children of drug or alcohol abuse
  - H) homeless or a runaway
  - I) basic skills deficiency
  - J) educational attainment 1+ levels below grade level appropriate to age
  - K) foster child
  - L) economically disadvantaged

An "eligible youth", for WIA purposes, means an individual who:

- (A) is not less than age 14 and not more than age 21; **AND**
- (B) is a low-income individual; includes at least one of the following:
  - (1) receives cash welfare
  - (2) Family income at or below poverty or 70% LLS
  - (3) Receives food stamps or eligible to in last 6 months
  - (4) Homeless; (5) Foster child; or
  - (6) Disabled including physical, mental, or emotional; **AND**
- (C) is an individual who is **one or more** of the following:
  - (1) deficient in basic literacy skills
  - (2) a school dropout
  - (3) homeless, a runaway, or a foster child
  - (4) pregnant or a parent
  - (5) an offender
  - (6) requires additional assistance (as defined by the WSA) to complete an educational program, or to secure and hold employment

## VII. DISLOCATED WORKER ELIGIBILITY INFORMATION

Complete this section if within the last year you have been permanently laid off from employment due to no fault of your own.

71. Were you a MN resident at the time your employment ended?	Y	N	<b>GREY AREA FOR OFFICE USE ONLY:</b>			
72. Are you "at risk" of being laid off?	Y	N	88. Meets Local Priority of Service	Y	N	
73. Are you permanently separated from your job?	Y	N	89. MN Dislocated Worker Project Type:	Formula	Project	
74. Date of permanent separation from job:			90. How many months were you employed in your primary occupation?			
75. Actual or projected dislocation date:			91. Dislocated Worker Barrier to Re-employment: <b>(Check ONE)</b> Specified barriers listed below are not applicable <input type="checkbox"/> Skills have become DATED <input type="checkbox"/> Skills have become NON-TRANSFERABLE <input type="checkbox"/> Skills have become OBSOLETE or antiquated <input type="checkbox"/> Applicant is UNCREDENTIALLED <input type="checkbox"/> Applicant is UNSKILLED <input type="checkbox"/>			
76. Are you <b>unlikely</b> to return to your previous occupation?	Y	N				
77. Did you lose your job due to a plant closure?	Y	N				
78. Did you lose your job due to no fault of your own?	Y	N				
79. Was your dislocated job affected by a mass layoff?	Y	N				
80. Date layoff notice was issued publicly:			92. Are you ELIGIBLE for: TAA only <input type="checkbox"/> NAFTA only <input type="checkbox"/> Both TAA & NAFTA <input type="checkbox"/> Not Eligible for either <input type="checkbox"/>			
81. Is there little or no chance you can find work in a similar occupation?	Y	N				
82. Are you dislocated from self-employment?	Y	N				
Displace Homemaker Eligibility Criteria:			93. Are you ENROLLED in: TAA only <input type="checkbox"/> NAFTA only <input type="checkbox"/> Not enrolled in either <input type="checkbox"/>			
83. Did you provide unpaid service to family members in the home?	Y	N				
84. Were you dependent on another family member's income?	Y	N	94. Dislocated job with a Public or Non-Profit Agency?	Y	N	
85. Are you no longer supported by another family member's income?	Y	N	95. Dislocated job with a Minnesota Employer?	Y	N	
86. Are you unemployed/underemployed?	Y	N	96. Dislocated job represented by a Union?	Y	N	
87. Are you having difficulty obtaining or upgrading your employment?	Y	N	97. Hourly Wage of Dislocated Job:			
			98. Received Rapid Response Activity Services?	Y	N	

## VIII. AGENCY POLICIES AND APPLICANT CERTIFICATION SIGNATURE

This application gives us the information we need to start helping you. You may need to fill out additional forms if you are interested in applying for the specialized services.

**CERTIFICATION:** I certify that the information provided by me is true to the best of my knowledge and I am not intentionally providing false information. I am aware that the information I have provided will be used to determine eligibility and is subject to review and verification. I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

X

X

Applicant Signature

Date

Parent/Guardian Signature if under 18

Date

### OFFICE USE ONLY

98. Intake Subcode:	Programs Eligible For (Circle)						AD	DI	DP	YO	MYSU	Other:
99. Counselor/Staff Initials:	Date:							DF	DN	DM	YY	MYSY
100. Consent to Share Wage - <b>form signed</b>	Y	N	Eligibility Determination:						Date:			