

Central Region Workforce Investment Board
EDA Good Jobs Challenge Grant Application

PARTICIPANT INFORMATION

Today's Date _____/_____/_____

Full Name _____

Date of Birth _____/_____/_____

Gender M F Wish to Not Disclose Registered with Selective Service Y N

Primary Phone # _____

Address _____ County _____

City, State, Zip Code _____ Email _____

CITIZENSHIP & ETHNIC ORIGIN

Citizenship Status: US Citizen Permanent Resident Alien or Refugee

Alien/USCIS Registration Number and Expiration Date _____

Authorized to work in the US? Y N

EDUCATION

Highest School Grade Completed? _____

Did you receive a High School Diploma or Equivalent? HS GED/HISET Did not complete

Have you completed post-secondary education? AA Bachelors Masters
Other: _____

Are you currently attending school? Y N

If Yes, what type: High School Alternative School or Adult Education College Vocational Technical

EMPLOYMENT

Current Job Title- _____

Hourly Rate:\$ _____

Responses provided below are handled and maintained in a confidential manner and are used to help to provide you access to all available services based off preliminary eligibility.

PUBLIC ASSISTANCE INFORMATION

| Have you or a member of your family received the following service(s) in the last 6 months | No | Received in the last 6 months (Y/N) | Indicate if Self or Family Member |
|--|----|-------------------------------------|---|
| TANF | | | |
| SSI | | | |
| General Assistance (GA) | | | |
| SNAP (also known as Food Stamps) | | | |
| Refugee Cash Assistance | | | |
| Social Security Disability Insurance (SSDI) | | | |
| Support through the State's Foster Care System | | | SELF ONLY |
| Receive free or reduced lunches | | | |
| Receiving services through SkillUp | | | |
| Ticket to Work Holder Issued by SSA | | | |

Family Size: _____ Total Annual Household Income: _____

CURRENT BARRIERS

Do any of the following barriers apply to you?

- | | | |
|--|---|---|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> Within 2 years of exhausting TANF lifetime eligibility |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Difficulty Reading | |
| <input type="checkbox"/> Runaway Youth | <input type="checkbox"/> Currently in Foster Care | <input type="checkbox"/> None Apply |
| <input type="checkbox"/> Ex-offender | <input type="checkbox"/> Aged out of Foster Care | |

DISABILITY INFORMATION

Do you have a disability? Y N Do not wish to answer

VETERANS INFORMATION

Are you currently in the military or a veteran? Y N

Are you a spouse of a veteran? Y N

DESIRED PROGRAM

What is your desired program?

- | | | |
|-----------------------------|----------------------------|---------------------|
| Certified Nursing Assistant | Licensed Practical Nursing | Surgical Technician |
| Medical Assistant | Paramedic | |

Applicant Signature: _____

Date: _____