

NPWDB, Inc.'s WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) ELIGIBILITY PACKET

Please complete all applicable Forms for your Eligibility Screening & Scan all Eligibility Documents. *Please do not sign and date Forms at this time.* You will sign and date Forms at your in-person meeting with a Case Manager that you will schedule via the "Registration Appointment" Link on the Website. All Forms & Documents will need to be emailed to: Ajccmep@gmail.com. If you are unable to complete the Forms on-line, please contact a local American Job Center for an appointment (American Job Center Phone Numbers are available on the Website). All Eligibility Documents/Forms must be provided so Staff can determine if you qualify for WIOA Funds, and before you can continue with your WIOA Employment or Training Program. The Form below includes Tips for Completion. To use these Tips, you must use the FREE Adobe Reader; if you do not have FREE Adobe Reader available to you, you can download and install it at <https://get.adobe.com/reader/>. The Tips can then be viewed by hovering your Mouse Pointer over the Blue Boxes on the Form.

ALL Applicants MUST provide Documents 1-11:

1. Social Security Card (for Yourself & all Family Members living with you).
2. Valid Driver's License or Government ID (e.g., DMV ID, School ID, etc.).
3. Proof of US Citizenship or Legal Authorization to Work in the US (Birth Certificate, Passport, INS Card, valid Work Permit – Should be valid for at least One Year).
4. Utility Bill or other Mail with your Current Address on it.
5. Proof of Adult or Youth Status, if applicable, see the **First Column** on Page 2.
6. Proof of Dislocated Worker Status, if applicable, see the **Second Column** on Page 2.
7. NPWDB Intake/AJC Registration Form- Pages 3 & 4 of this Packet.
8. Supplemental Data- Page 5 of this Packet.
9. Resume Template- Page 6 of this Packet.
10. Job Search Log- Page 7 of this Packet.
11. Needs Assessment Form (if applicable)- Pages 8-10 of this Packet ***OPTIONAL***.

IF APPLICABLE, provide Documents 12-15:

12. Selective Service Registration Verification (for Males born after 1960 & that lived in the US before 26 years old).
13. Veteran Status (DD214, military ID).
14. Offender Status (Court Order, Police Report, Letter from Probation Officer).
15. Verification of Disability (Letter from DRS or Disability Agency or Doctor).

An Equal Opportunity Employer. Auxiliary Aids & Services are available Individuals with Disabilities upon Request.

ADULT & YOUTH PROGRAM

If you are not receiving Public Assistance (Food Stamps), please verify your Income Eligibility.

- *Public Assistance Verification:* Food Stamp Notification Letter, TANF Information.

Note: If you are receiving Public Assistance, you do NOT need to bring the Documents listed below.

OR

- *Income Verification:* 6-Months of Pay Stubs, Bank Statements, Alimony Statement, SSI/SSDI Statement, etc. of **ALL Family Members** in the Household WHO ARE WORKING during the last 6 Months.
- *Family Size Verification:* Social Security Cards for You & all Family Members in the Household.
- *Verification of Disability:* If applicable, Letter from DRS or Disability Agency or Doctor regarding Disability.
- *Verification of Homelessness:* If applicable, Letter from Shelter, etc.
- *Verification of Foster Care Child:* If applicable, Court Custody, etc.

OR

DISLOCATED WORKER PROGRAM

If you meet Dislocated Worker Criteria, please provide Documents for one (1) of the following.

- Verification of UI & DLW Status Termination Letter from Employer, News Media regarding Plant Closure AND Letter from West Virginia Employment Commission or other State's Unemployment Insurance Office regarding approval to receive Unemployment Insurance Compensation.
- Verification of Business Closure due to current Economic Conditions or Natural Disaster, if applicable: Business License, Bankruptcy Documents, Tax Returns, Bank Statements, etc.
- Verification of Displaced Homemaker Status, if applicable: Divorce/Separation Papers, Death Papers, Documents proving that you have totally relied on other Family Member's Income & have not worked during the Relationship, etc.
- Verification that you are the Spouse of a Member of the Armed Forces on Active Duty & have experienced loss of Employment as a Direct Result of Relocation to accommodate a permanent Change in Duty Station, if applicable: Paystub from previous Employer & Active-Duty Document.
- Verification that you are the Spouse of a Member of the Armed Forces on Active-Duty & who is Unemployed or Underemployed & is experiencing Difficulty in obtaining or upgrading Employment, if applicable: Paystub from Previous/Current Employer & Active-Duty Document.

NPWDB INTAKE APPLICATION/AJC REGISTRATION FORM

MACC ID NUMBER: _____

Name: _____
First Middle Initial Last

Address City State ZIP

Telephone Number County Where You Live Date of Birth

What is your Ethnicity/Race: (Choose all that Apply) ☐ Caucasian ☐ African American ☐ Hispanic/Latino
☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Hawaiian Native ☐ Other Pacific Islander ☐ Other

Gender: ☐ Male ☐ Female ☐ Non-Binary

- Citizenship Status (Check One): ☐ Citizen of USA ☐ Not a Citizen (Authorized to Work)
- Have you ever been arrested/convicted of: ☐ Felony ☐ Misdemeanor ☐ No Arrests or Convictions
- Are you an individual with a disability? (Check One) ☐ Have a Disability ☐ Not Disabled
☐ Learning Disability with an IEP ☐ Special Disabled Veteran (30% or more)

Is your Disability a Barrier to Employment? ☐ Yes ☐ No

Are you a Client of Vocational Rehabilitation? ☐ Yes ☐ No

- Military Veteran Status (Check One) ☐ Veteran ☐ Not a Veteran ☐ Spouse of a Veteran

Are you registered with Selective Service? ☐ Yes/ Registration # _____ No ☐

- Level of Education: ☐ Did not Complete High School ☐ High School Graduate/TASC ☐ Still in School
☐ Some College ☐ College Graduate

- Labor Force Status: ☐ Employed Full Time ☐ Employed Part Time ☐ Unemployed ☐ Not in Labor Force

Are you a Dislocated Worker? (Check One) ☐ Yes ☐ No If Yes, Date Dislocated: _____

Hourly Wage When Dislocated: \$_____ and from what Employer: _____

Are you a Displaced Homemaker? (Check One) ☐ Yes ☐ No

Collecting Unemployment Compensation? (Check One) ☐ Yes ☐ No If Yes, WBA: \$ _____

- Farm Worker (Check One) ☐ Not a Farm Worker ☐ Seasonal Farm Worker ☐ Migrant Worker
- Barriers to Employment (Check One) ☐ Yes ☐ No If yes, type of barrier: _____
- Are you a parent? ☐ Yes ☐ No Are you pregnant? ☐ Yes ☐ No
- Number of family members living in your household: _____ Number of dependents, under 18 _____
- Do you, a friend, or any member of your family have a history of opioid use? (Optional) ☐ Yes ☐ No

- Economically Disadvantaged Categories (Mark all that apply to you)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SSI (Supplemental Security Income) (Only if Applicant receives SSI). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Food Stamps. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | TANF (Temporary Assistance for Needy Families). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Free Lunch (In-school Youth only, eligible during most recent term). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | GA (General Assistance). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical Card. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Housing Assistance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | WIC (Women-Infants & Children). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other Assistance, please list: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you a Foster Child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you Homeless? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you a Runaway Youth? |

APPLICANT STATEMENT (Self-Attestation)

- I Hereby Certify, Under Penalty of Perjury, That I am, (Check all that apply): ☐ Homeless ☐ Not Financially Supported by Family ☐ Low-Income ☐ An Offender ☐ Displaced Homemaker ☐ Pregnant/Parenting ☐ Separated from an Employer ☐ Attending School ☐ Dropped out of school ☐ Other

And this is my statement to explain:

I attest, under penalty of perjury that the information supplied on any and all parts of this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

Parent or Guardian's Signature (if under 18 years old)

Date

Date Control Coordinator's Signature

Date



Alternative Contact Information

Name of Friend or Relative: _____

Address: _____

Phone #: _____

E-Mail Address: _____

Relationship to Participant: _____

Alternative Contact Information

Name of Friend or Relative: _____

Address: _____

Phone #: _____

E-Mail Address: _____

Relationship to Participant: _____

Resume Template

Objective

Skills & Abilities

Experience

Education

Communication

Leadership



NPWDB, Inc. Job Search Log

(Please list the three (3) most recent jobs you applied for)

1. Employer Name: _____
Address: _____

Phone Number: _____
Date Applied: _____
Contact Person: _____
Results: _____

2. Employer Name: _____
Address: _____

Phone Number: _____
Date Applied: _____
Contact Person: _____
Results: _____

3. Employer Name: _____
Address: _____

Phone Number: _____
Date Applied: _____
Contact Person: _____
Results: _____

NPWDB, INC.
NEEDS ASSESSMENT FORM FOR
SUPPORTIVE SERVICES/NEEDS-RELATED SERVICES

Optional—Only fill out if requesting Supportive Services or NRPs

Participant Name

MACC ID

Number of hours needed to complete Training Program _____

Do you need financial assistance in order to participate in a NPWIB, Inc. WIOA funded training program? ☐ Yes ☐ No

Are you currently receiving financial assistance from any of the following sources?

☐ Yes ☐ No Weekly Amount \$ _____

Pell Grant (net amount after training cost deducted) Yes ☐ No ☐
Amount \$ _____

Unemployment ☐ Yes ☐ No

If yes, when do payments end? _____ Amount \$ _____

	Yes	No	Amount
Veteran Payments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

	Yes	No	Amount
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
TAA	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
NAFTA/TAA	<input type="checkbox"/>	<input type="checkbox"/>	\$_____
Total per week from other sources			\$_____

Are you currently receiving TANF Assistance? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If yes, how many hours per week? _____ Hourly rate \$_____

Are you in need of any of the following services?

	Yes	No
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>
Special Services	<input type="checkbox"/>	<input type="checkbox"/>
Materials for those with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Shelter	<input type="checkbox"/>	<input type="checkbox"/>

Financial Counseling ☐ ☐

Other Services _____ ☐ ☐

Why do you need these services?

If in need of any of the above services, please give cost and vender name/address?

\$_____ Vendor Name/Address _____

Telephone _____

Do you need reimbursement for child care? ☐ Yes ☐ No

Daily or hourly child care need \$_____ per _____

Child Care Provider Name/Address _____

Phone _____

**** MAXIMUM AMOUNT OF NEEDS-RELATED PAYMENTS CANNOT EXCEED \$40 PER WEEK.**

****MAXIMUM AMOUNT OF CHILD CARE REIMBURSEMENT CAN NOT EXCEED \$50 PER WEEK.**

I, _____, understand the Supportive Services and Needs-Related Policies.

Participant's Signature

Date