



**WESTMORELAND-FAYETTE WORKFORCE INVESTMENT BOARD  
Youth  
PROGRAM APPLICATION**

**Follow these steps to complete the application process:**

- 1. If *WIOA* Applicant: Must enroll youth as a participant at [www.jobgateway.pa.gov](http://www.jobgateway.pa.gov)**
- 2. Please Complete Entire Application. Use “Not Applicable” when appropriate.**
- 3. Submit all required documentation with the application.**
- 4. Return application and documentation to youth program provider prior to the start date of the program.**

***OPENINGS ARE LIMITED AND FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN PROCESSING DELAY***

***Each Youth that applies will be contacted with more details.  
If you are eligible for a program, the provider is responsible for 12 months  
of follow-up upon completion of the program!  
You will be contacted for information and expected to respond!!!***

**Inspire Westmoreland and Fayette: Youth Employment Program  
Private Industry Council of Westmoreland/Fayette, Inc.  
724-836-2600**

**Please return application to one of the following:**

<b>PIC Greensburg</b> 219 Donohoe Road Greensburg, PA 15601	<b>Westmoreland CareerLink</b> 151 Pavillion Lane Youngwood, PA 15697
<b>Fayette CareerLink</b> 112 Commonwealth Drive Lemont Furnace, PA 15456	<b>Alle-Kiski CareerLink</b> 1150 5 <sup>th</sup> Avenue #200 New Kensington, PA 15068

# IMPORTANT

## KEEP THIS SHEET FOR YOUR INFORMATION

To determine your eligibility for the youth/young adult program, you must bring/provide **one** item from each of the categories listed below. Please note: where two or more items are listed, **only one** needs to be submitted.

CATEGORY	DOCUMENTATION ITEM
<b>DATE OF BIRTH (AGE)</b>	<p><b>Bring one of the following:</b></p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 50%;">• Driver's License</li> <li style="display: inline-block; width: 50%;">• Work Permit (Working Papers)</li> <li style="display: inline-block; width: 50%;">• Birth Certificate</li> <li style="display: inline-block; width: 50%;">• State Issued ID Card</li> <li style="display: inline-block; width: 50%;">• Passport/Alien Card</li> <li style="display: inline-block; width: 50%;">• School ID (Name and BD)</li> </ul>
<b>CITIZENSHIP/RIGHT TO WORK</b>	<p><b>Bring one of the following:</b></p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 50%;">• Birth Certificate</li> <li style="display: inline-block; width: 50%;">• Other Documentation of Birth from Hospital of Birth</li> <li style="display: inline-block; width: 50%;">• Alien Card</li> <li style="display: inline-block; width: 50%;">• Passport</li> </ul>
<p><b>ECONOMIC ELIGIBILITY</b></p> <p><b>If Receiving Food Stamps</b>  <b>If Receiving SSI</b>  <b>If Receiving Welfare</b>  <b>If unemployed</b>  <b>If employed</b></p> <p><b>GROSS FAMILY INCOME OVER LAST SIX MONTHS (26 WEEKS)</b></p>	<p><b>BRING ONE OF THE FOLLOWING: Proof of Income for last 6 months must be provided!</b></p> <ul style="list-style-type: none"> <li>• Food Stamp Award Letter</li> <li>• Public Assistance Records</li> <li>• Proof of Eligibility to Receive Free &amp; Reduced Lunch</li> <li>• Housing Authority Verification</li> <li>• SSI Award Letter</li> <li>• Welfare Card/Award Letter</li> <li>• Unemployment Determination Letter</li> <li>• Bank Statements</li> <li>• Pay Stubs from past 6 months (26 weeks) or</li> <li>• Gross Earnings Statement from Employer for past 6 months</li> </ul> <p><b>*YOUTH WITH A DISABILITY MAY BE CONSIDERED A FAMILY OF ONE TO DETERMINE IF THEY MEET WIOA YOUTH PROGRAM ECONOMIC ELIGIBILITY</b></p>
<b>SELECTIVE SERVICE (MALES ONLY, 18 YEARS OF AGE)</b>	<p><b>BRING ONE OF THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>• Acknowledgement Letter</li> <li>• Selective Service Registration Card</li> </ul>
<b>SCHOOL STATUS</b>	<p><b>BRING ONE OF THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>• Most Recent Report Card</li> <li>• School Transcripts</li> <li>• Withdrawal Letter from High School</li> <li>• Copy HS Diploma</li> <li>• Copy of GED</li> <li>• School Letter verifying enrollment on school letterhead</li> </ul>
<b>SOCIAL SECURITY NUMBER</b>	<p><b>BRING ONE OF THE FOLLOWING:</b></p> <ul style="list-style-type: none"> <li>• Social Security Card (<b>MUST BE SIGNED BY YOU</b>)</li> <li>• Social Security Office Document</li> </ul>
<b>Additional Documents if Applicable</b>	<p><b>Pregnant or Parenting</b></p> <ul style="list-style-type: none"> <li>• Letter from Doctor</li> <li>• Child's Birth Certificate</li> </ul> <p><b>Offender</b></p> <ul style="list-style-type: none"> <li>• Letter from Probation</li> <li>• Court Documents</li> </ul> <p><b>Disability Verification</b></p> <ul style="list-style-type: none"> <li>• Letter from Doctor</li> <li>• Social Security Disability Statement</li> <li>• IEP Verification</li> </ul>
<b>PARENT/GUARDIAN SIGNATURE</b>	<p><b>If under the age of 18, make sure your parent or legal guardian signs your application at all places where indicated.</b></p>



Provider Name: _____
Program Type: _____
Site: _____
Contact Person: _____
Phone Number: _____

## YOUTH EMPLOYMENT TRAINING PROGRAM APPLICATION

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*PLEASE PRINT USING BLACK OR BLUE INK PEN*

### YOUTH APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	Social Security #:
Street Address:		County:	
City:	State & Zip Code:	Email Address:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Other, Specify: _____		Home Phone#: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____		Cell Phone #: _____	
		Facebook: _____	

**Veteran Status:**  
 If you are 18 or older (male), have you registered with Selective Service?  Yes  No  N/A  
 If yes, what is your Selective Service Number: \_\_\_\_\_  
 Disability:  Yes  Yes, special disabled  No      Recently Separated:  Yes  No

### EDUCATION INFORMATION

Are you currently attending Middle School, High School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your present grade? _____ In what year will you graduate? _____	Are you a High School Dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed: _____ Do you have a GED or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHOOL(S) ATTENDED	DATE STARTED	DATE ENDED	COURSE/ MAJOR	DID YOU GRADUATE?		
				YES	NO	YEAR

### WORK HISTORY

Have you been employed in the last six (6) months?  Yes  No  
 If yes, Name of Employer: \_\_\_\_\_

Job Title:	Start Date:	End Date:
Hours Per Week:	Reason for Leaving:	
Hourly Wage:	Name of Supervisor:	

**IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Job Gateway Participant ID # \_\_\_\_\_

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

*I AM A YOUTH THAT HAS ONE OR MORE OF THE FOLLOWING BARRIERS (CHECK ALL BARRIERS THAT APPLY):*

- |  |  |
|--|--|
| <input type="checkbox"/> Individual with a Disability  | <input type="checkbox"/> High School Dropout         |
| <input type="checkbox"/> Homeless, Runaway, or Foster Child  | <input type="checkbox"/> Pregnant or Parenting Youth |
| <input type="checkbox"/> Offender  | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> English Language Learner  | <input type="checkbox"/> Basic Skills Deficient      |
| <input type="checkbox"/> Is an individual who requires additional assistance to complete an educational program or to secure and hold employment |  |

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE and DATE**

\_\_\_\_\_  
**APPLICANT'S PHONE NUMBER**

**PARENT OR GUARDIAN CONSENT FORM**  
 (required if under 18)

I, \_\_\_\_\_, give permission to release all information  
 (Parent/Guardian Signature)  
 necessary for my son/daughter, \_\_\_\_\_, to participate in the youth program.  
 (Print Child's Name)

This authorization is granted to contact – if needed – schools, government agencies, and/or social service agencies.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE and DATE** (required if under 18)

The above Self-Certification is being utilized for verification of eligibility of the person whose signature appears above.

**CERTIFICATION**

I certify that the individual whose signature appears above provided the information recorded on this form.

CareerLink Counselor's Signature/Date: \_\_\_\_\_

Secondary Reviewer's Signature/Date: \_\_\_\_\_



**STATEMENT OF FAMILY SIZE/FAMILY INCOME**

Name: \_\_\_\_\_ Participant ID No.: \_\_\_\_\_

List family members that reside in household, relationship, last six (6) months income, and source of income.

**NOTE: If a youth has an IEP/ is an individual with a disability or is a pregnant/parenting, only their income needs listed below. Validation documentation and signatures are required.**

Family Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)
Total Number in Family:			Total Income:

Sources of income: Employment, Self-Employment, Pension, Alimony, Worker’s Compensation, and Social Security Retirement/Survivor Benefits

**\*\*\*You MUST include copies of proof of income such as pay stubs, social security benefits, public assistance records, etc.\*\*\***

**Additional Sources of Family Income not included in Income Eligibility:** (validation documentation must be included)

- Does your family currently receive Cash Public Assistance?  Yes  No
- If not, did your family receive Cash Public Assistance within the last six (6) months?  Yes  No
- Does your family receive Food Stamps?  Yes  No
- If not, did your family receive Food Stamps within the last six (6) months?  Yes  No
- Does anyone in your family receive Supplemental Social Security (SSI)?  Yes  No
- Does anyone in your family receive Social Security Disability Income?  Yes  No
- Do you receive child support?  Yes  No

**I attest to the best of my knowledge that the information above is true and correct.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

## Westmoreland Fayette WIB Demographic Data Sheet

NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

Date: \_\_\_\_\_

Please Check all boxes that apply:

- Dropout
- Foster Care/Aging Out
- Out-of School Youth
- In-School Youth
- Disability
- Adjudicated or at-risk of being court involved
- Incarcerated parent(s)
- Homeless/Runaway
- Migrant
- Pregnant or Parenting
- English Language Learner
- Male
- Female



**SELF-ATTESTATION**

<b>IDENTIFYING INFORMATION</b>			
Applicant's Name			
	Last	First	MI
Address			
Participant ID Number			Application Date

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

The information I have provided to the Workforce Innovation and Opportunity Act (WIOA) provider that is in this application: Social Security Number, United States citizenship/eligibility to work, employment status and education status are true and accurate. Additional information regarding barriers and demographics should be described below:

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I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (as needed)

The above Self-Attestation is being utilized for verification of the following eligibility criteria;

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<b>ATTESTATION</b>	
I certify that the individual whose signature appears above provided the information recorded on this form.	
Counselor's Signature/Date: _____	
Or	
Witness Signature/Date: _____	