



**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!!!***



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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
If yes, what is your Selective Service Number: _____					
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disabled <input type="checkbox"/> No <span style="margin-left: 100px;">Recently Separated: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>					

**EDUCATION INFORMATION**

Are you currently attending Middle School, High School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a High School Dropout? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is your present grade? _____			Highest Grade Completed: _____			
In what year will you graduate? _____			Do you have a GED or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>CERTIFICATION</b>	
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**

**IDENTIFYING INFORMATION**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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;

\_\_\_\_\_  
\_\_\_\_\_

**ATTESTATION**

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

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

Or

Witness Signature/Date: \_\_\_\_\_