

**LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
YOUTH WORK EXPERIENCE
W.I.A. ELIGIBILITY APPLICATION**

Application Date:	Social Security #:	Birth Date:	
Applicant's Last Name:	First Name:	MI	Age
Home Address:	City	State	Zip Code
Home Telephone #:	Alternate Telephone #:	Male/Female	

Registered for Selective Service: Yes ___ No ___ Exempt ___ (if applicable)

Citizenship Status:

US Citizen _____
 Legal Resident Alien _____
 Refugee _____
 Parolee _____
 Other Citizen Status _____

Race/Ethnic Group:

White _____
 Black/African American _____
 Hispanic/Latino _____
 Native Indian/Alaskan _____
 Native _____
 Asian _____
 Hawaiian Native/Other _____
 Pacific Islander _____

Education Status:

Currently attending school _____
 Attending school full time _____
 Habitually truant _____
 Attending alternative school _____
 In a school wide project _____
 In Job Corps _____
 Highest grade completed _____
 Diploma or GED _____

Family Status:

Parent in 1 parent family _____
 Parent in 2 parent family _____
 Other family member _____
 Not a family member _____

Veteran Status:

Yes (under 180 days) _____
 Yes (over 180 days) _____
 NOT A VETERAN _____
 Campaign Veteran Yes ___ No ___
 Disabled Veteran Yes ___ No ___
 Special Disabled Yes ___ No ___
 Recently Separated Yes ___ No ___

Barriers:

Basic Skills Deficient _____
 Offender _____
 Homeless/runaway youth _____
 Pregnant/Parenting youth _____
 TANF exhaustee _____
 Substance abuser _____
 Foster Child _____
 School Dropout _____
 Disabled _____

Employment Status:

Employed _____
 Unemployed _____

Do you have a disability or an Individual Education Plan? Yes No

In order to determine your eligibility we must know the source of your family's income or means of support. Please check a box below for each type of income or support that your family receives, or has received in the past six months.

- One/both of my parents/guardian work/receive wages**
- Member(s) of my family receive(s) Social Security Benefits**
- ADC/TANF (Cash assistance from welfare)**
- Food Stamps**
- Unemployment Benefits**
- Retirement Benefits**
- Other, please describe _____**

The total number of persons residing in your household _____

DOCUMENTS REQUIRED TO COMPLETE YOUR APPLICATION

Please gather documents and be prepared to turn in at the time of eligibility. You must have ALL the required documents in order to complete your application.

- Applicants Birth Certificate, Social Security Card, Valid Photo ID
- All pay stubs from **November 2008 until PRESENT and a 2008 W-2 form**
- Printout of cash welfare payments and food stamps
- Printout of any social security benefits
- Determination letter for any unemployment benefits
- Proof of disability or other barrier

APPLICANT: You must sign the application. If you are under 18, your parent or guardian must also sign this application and attest that the information provided is true and accurate to the best of their knowledge.

Applicant signature

Date

Parent/Guardian signature (under 18 yrs. old)

Date

Fully completed applications should be delivered to the program office at:

**84 North State Street
Painesville, Ohio 44077**

Beginning May 26, 2009. Hours of operation are:

12:00 PM – 6:00 PM weekdays

8:00 AM to 12:00 PM on Saturday May 30, 2009 and Saturday June 6, 2009.