

JOBWORKS

AUGLAIZE COUNTY ONE STOP

419-739-7225

YOUTH

SUMMER WORK

EXPERIENCE

CONTACT: Tom Riepenhoff
801 Middle St.
Wapakoneta, Ohio 45895
triepenhoff@jobworksinc.org
419-584-6269

WIA YOUTH SELECTION SCORE

Name _____ SSN _____

Score _____ In School _____ Out of School _____

Circle all that apply:

Low Income 2

Basic Skills Deficient 1

Drop Out 1

Homeless 1

Foster Child 1

Pregnant or Parenting 1

Offender 1

Requiring additional assistance to complete
education or to secure employment..... 1

Will Client & WIA Benefit from Enrollment into a WIA Program?

_____ most likely to benefit

_____ somewhat likely to benefit

_____ less likely to benefit

Area 8 One Stop New Client Intake/Orientation/Outreach

Please take a moment to complete the following information. The information is used to determine how our staff can assist you and what funding and/or services for which you may qualify. All information is kept CONFIDENTIAL and is shared only with One Stop Partner Agencies.

Last Name	First Name	M.I.	Social Security Number
Street Address		Apt. No.	City, State
			Zip Code
County of Residence	Date of Birth (mm/dd/yy)	U.S. Citizen?	E-Mail Address
		Yes No	
Home Telephone	Message Number	Last Job Title	Last Wage (hourly)
Career Interest	Wage Expected	Education Level-Last Grade Completed	
		Grade School High School Secondary 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	
Labor Force Status (circle one)		Circle the Highest Degree You Have Earned	
A) Employed B) Not Employed C) Employed, but laid off in next 180 days D) Not employed due to permanent layoff		None GED High School Diploma Certificate/License Associate Bachelor Master PhD	
Race/Ethnicity (circle one)	Veteran Status (circle one)	Individual with Disability (circle one)	
A) American Indian or Native Alaskan B) Asian C) Black/African American D) Hawaiian Native or Pacific Islander E) Hispanic/Latino F) Caucasian	A) Yes B) No Gender (circle) Male Female	A) Yes B) No C) Yes, and the disability results in a substantial barrier to employment.	
I am here because I would like assistance with the following services to meet my employment goals. (circle all that apply)		Source of Income (circle all that apply)	
Job Search Assistance	Job Training	Job Market Info.	Employment
Career Planning	Interviewing Skills	Skills Evaluation	Unemployment Compensation
Job Advancement	Education Assistance	Job Retention	TANF (cash assistance)
Resume Writing	Internet/Computer Access		Food Stamps
ABLE/GED Preparation	Other		Veteran Benefits
Access to copier, fax, and postage			Social Security Other

Release of Information
 I, _____, agree that the following partners: Area 8 WIA, County Job and Family Services, Bureau of Vocation Rehabilitation Services, Ohio Department of Job and Family Services, ABLE/GED, WIA Youth Services, Experience Works, Post-Secondary School Institutions, and Native American Indian Programs may exchange and disclose information on me in order to make determinations of my eligibility for benefits and/or services provided by programs under the partner agencies. I further agree that information regarding any employment obtained may be verified with my employer.

Signature _____ Date _____

Workforce Investment Act – WIA
 801 Middle Street
 Wapakoneta, Ohio 45895
 419-739-7225

ELIGIBILITY APPLICATION – REQUIRED DOCUMENTS

PROOF	ONE of the following in each category that applies
CITIZENSHIP:	Birth Certificate – Passport – DD214 (showing birth place) Naturalization Papers or Alien Status Card
AGE:	Birth Certificate – Driver’s License – Public Assistance Records – Utility Bill – Printout from a Government Agency
RESIDENCE:	Post Marked Envelope – Driver’s License – Public Assistance Records – Utility Bill – Printout from a Government Agency
SOCIAL SECURITY NUMBER:	Social Security Card – DD214 – Pay stub with name and social security number – Payroll Records – Letter from Social Security
INCOME: For all Family Members (Anything received in the past 6 months)	Social Security Payment Award Letter Worker’s Compensation Printout Unemployment Compensation Determination Letters Printout of Child Support Payments Received (not paid) Wages earned from all jobs in the last 6 months Last pay stub with year to date total W2 if this is the first 6 months of the year (January-June)
FAMILY MEMBERS:	Medicaid Card – Public Assistance Award Letter – Birth Certificates- Social Security Cards
SELECTIVE SERVICE:	Proof of Registration
PUBLIC ASSISTANCE:	Job and Family Services printout or award letter for Cash Assistance or Food Stamps
VETERAN:	DD214 – must have at least 6 months of active duty
DISABILITY:	BVR Referral – Letter from a doctor – Current school year IEP
STUDENT:	Current Year Grade Card – Transcript – Official Letter from School – Current school year IEP – Schedule – Bill – ID Card
HOMELESS:	Referral Letter from Shelter or Agency
FOSTER CHILD:	Court Documentation – Agency Letter
OFFENDER:	Court Documentation – Letter from Parole/Probation Officer – Letter from a Halfway House – Release from Jail
PREGNANT OR PARENTING: (Ages 14-21)	Doctor’s Letter – Public Assistance Award Letter – Birth Certificate – School Letter – Other Agency Letter
HIGH SCHOOL DROPOUT:	Attendance Record – Dropout or Release Letter from school
GRADUATE: (1994 or after)	High School Diploma – Attendance Certificate – Transcript