Ohio Department of Job and Family Services

CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION

**SEEKER ID**

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| Applicant Name *(First, MI, Last)*      |
| Mailing Address      | City      | State      | Zip Code      |
| Phone Number *(###) ### - ####*      | Alternate Phone Number *(###) ### - ####*      |
| Emergency Contact      | Contact Person’s Phone Number *(###) ### - ####*      |
| Applicant Email Address      | Date of Birth      | Gender at birth [ ]  Male [ ]  Female [ ]  Prefer not to answer |
| **Demographic & Education Information** |
| **1. What is your** **ethnicity?**[ ]  Latino [ ]  Not Latino [ ]  Prefer not to answer**2. Citizenship:** *(check all that apply)*[ ]  US Citizen[ ]  Registered Alien[ ]  Refugee[ ]  Other Legal Alien[ ]  Other      **3.** **What is your race?**  *(check all that apply)***[ ]**  Black/African American **[ ]**  White**[ ]**  Asian **[ ]**  American Indian / Alaska Native**[ ]**  Hawaiian Islander / Other Pacific Islander**[ ]**  Other      **4. Are you legally restricted from using a computer?**[ ]  Yes [ ]  No**5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:** * Local elected official (mayor or county commissioner);
* Workforce Development Board member or subcommittee member;
* WIOA executive, supervisor or employee;
* OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
* County employee?

 [ ]  Yes [ ]  No*If YES, provide name:*  | **6.** **What is your education level?*****Highest grade completed:*** [ ]  Current high/junior high school student [ ]  Withdrew from high school, no HS diploma[ ]  Completed 12th grade, but no HS diploma[ ]  Obtained certificate of equivalency for high school diploma**[ ]**  High school graduate**[ ]** Some post high school education, no degree[ ]  College degree: [ ]  Associate [ ]  Bachelor [ ]  Masters/Prof.1. **Do you have work experience in Agriculture within the last 12 months?** [ ]  Yes [ ]  No

**8.** **What is your education status?**[ ]  I am not a student[ ]  I am a student at a college or technical school[ ]  I am a student in a HS equivalency program[ ]  I am a high school student, at grade level[ ]  I am a high school student, behind grade level**9. Have you served in the US Military?** [ ]  Yes [ ]  No*If YES, what are your active duty dates:* to **10. Are you a Spouse of a Veteran?** [ ]  Yes [ ]  No**11. Are you a Homeless Veteran?** [ ]  Yes [ ]  No**12. Do you hold a valid Driver’s License?** [ ]  Yes [ ]  No*If YES, Type/Class:* [ ]  Non-Commercial (D) or [ ]  CDL**:** [ ]  A; [ ]  B; [ ]  C |
| **Part A. WIOA Information** |
| 1. **Are you interested in an Apprenticeship?**

[ ]  Yes [ ]  No1. **Have you registered for Selective Service (for males 18 or older)?**  [ ]  Yes [ ]  No [ ]  Exempt

*If YES,* SSR #:      **3. Are you enrolled in ASPIRE?**  [ ]  Yes [ ]  No1. **Have you received OWF for one or more years?**

[ ]  Yes [ ]  No1. **Are you a public assistance recipient (cash/food)?**[ ]  Yes [ ]  No

**6. Are you enrolled in Vocational Rehab through OOD?** [ ]  Yes [ ]  No**7. Are you receiving SNAP Employment and Training?** [ ]  Yes [ ]  No**8. Do you have a disability?** [ ]  Yes [ ]  NoIf YES:[ ]  physical; [ ]  mental; [ ]  learning**9. Are you a runaway?** [ ]  Yes [ ]  No**10. If English is not your native or primary language, do you need help learning to speak/write/use English?** [ ]  Yes [ ]  No | **11. Have you taken a recent math/reading assessment?** [ ]  Yes [ ]  No**12. Do you use recreational drugs or drink regularly?** **[ ]** Yes [ ]  No1. **Are you a single parent?** [ ]  Yes [ ]  No
2. **What is your native or primary language?**
3. **Do you think you have a cultural barrier that might hinder employment?** [ ]  Yes [ ]  No
4. **Are you homeless?** [ ]  Yes [ ]  No
5. **Are you involved or were you involved in the juvenile court or adult justice system?** [ ]  Yes [ ]  No
6. **Are you in foster care or were you previously in foster care?** [ ]  Yes [ ]  No

**19. Are you pregnant?** [ ]  Yes [ ]  No**20. Do you have reliable transportation?**  [ ]  Yes [ ]  No**21. Are you a parent (including noncustodial)?**[ ]  Yes [ ]  No**22. Are you/have you received a Pell Grant?** [ ]  Yes [ ]  No**23. Is your family eligible to receive free/reduced-price lunch?** [ ]  Yes [ ]  No |

**WIOA Income Eligibility *(If needed)*** - *This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth.*

*If you are not attending, school only complete if your case manager requests you to do so.*

1. Please answer the following questions if you are 18 or older\*.

|  |  |
| --- | --- |
| Do you provide more than 50% of your own support? | [ ]  Yes [ ]  No |
| Are you married or separated but not divorced? | [ ]  Yes [ ]  No |
| Do you have children who receive more than half of their support from you? | [ ]  Yes [ ]  No |
| Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? | [ ]  Yes [ ]  No |
| Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?  | [ ]  Yes [ ]  No |
| Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?  | [ ]  Yes [ ]  No |

\*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

1. *Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.*

Including yourself, who is in your household? What is their relationship to you? What is their *average monthly income*? (*Your case manager can let you know the timeframe to consider*.) *If you have a disability, only include your personal income.*

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| **Household Members Average Monthly Income for the past (**     **) months** |
| **Name** | **Age** | **Relationship** |  **Hourly / Weekly Wage** | **Average Monthly Income** |
|       |       | Self |       |       |
|       |       |       |        |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| Total |       |

**Part B. TANF Funding Eligibility** - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment?     [ ]  Yes [ ]  No **If YES, skip to ‘Acknowledgement’ section**.
2. Are you currently receiving cash assistance? [ ]  Yes [ ]  No **If YES, skip to ‘Acknowledgement’ section**.
3. Are you currently receiving SNAP? [ ]  Yes [ ]  No **If YES, skip to ‘Acknowledgement’ section**.
4. Complete the table below indicating each household member’s monthly income.

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| --- |
| **Household Members Monthly Income** |
| **Name** | **Relationship** | **Hourly / Weekly Wage** | **Monthly Income** |
|       | Self  |       |       |
|       |       |       |       |
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|       |       |       |       |
| Total  |  |

1. Do you have a child under age 18 or 18 who is attending high school full-time? [ ]  Yes [ ]  No

Number of children       Oldest child age

1. Are you one of the following (*check all that apply)*: [ ]  a minor child (including age 18 attending high school full-time); [ ]  a parent, specified relative, legal guardian or legal custodian of a minor child; [ ]  a non-custodial parent; [ ]  a pregnant individual; or [ ]  an individual age 18-24 that is part of a family that includes a minor child?

7. Have you been given the opportunity to register to vote? [ ]  Yes [ ]  No [ ]  N/A (age 16 or under)

**Acknowledgement**

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

[ ]  **I have received a copy of the JFS Form 08063 “Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)”.**

**Parent/Guardian Signature**:

|  |  |
| --- | --- |
| Parent/Guardian Signature *(If applicant is under age 18\*\*)*      | Date      |
| Applicant Signature      | Date      |

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| **To be completed by eligibility staff person only:****WIOA Funding Eligibility Determination**:Is the individual [ ]  In-School (ages 14-21) **OR** [ ]  Out-of-School (ages 16-24)**Does the youth need to be low income based on their school status and/or barriers to employment/education?**[ ]  Yes [ ]  No**If youth needs to be low-income,** do they meet this requirement *(if youth has disability, only the youth’s income is counted)*? [ ]  Yes *(Check all that apply)* [ ]  No[ ]  [At or below 100% of FPL](https://jfs.ohio.gov/ofam/FPG-2021-Chart.stm) [ ]  [*At or below 70% lower living standard (LLSIL)*](https://www.dol.gov/agencies/eta/llsil)*. Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance*[ ]  *Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)*[ ]  *Lives in a high-poverty census tract/area.*[ ]  *Foster Child*[ ]  *Homeless*[ ]  *5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)***If in-school**, is the individual *low-income* and do they have at least one of the documented barriers to employment?[ ]  Yes *(Check all that apply below)* [ ]  No[ ]  Is basic skills deficient[ ]  Is an English language learner[ ]  Is an offender[ ]  Is a homeless individual, homeless child or youth, or a runaway (Describe:      )[ ]  Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption[ ]  Is pregnant or parenting[ ]  Is an individual with a disability[ ]  Needs additional assistance to complete an educational program or to secure or hold employment *(check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:*     **If out-of-school**, does the individual have at least one of the below documented barriers to employment?[ ]  Yes *(Check all that apply below)* [ ]  No[ ]  School dropout[ ]  School age youth that has not attended school for *at least* the most recent school quarter[ ]  Individual subject to the juvenile or adult justice system[ ]  Homeless/Runaway [ ]  Foster Care/aged out of foster care[ ]  Pregnant/parenting[ ]  Disabled[ ]  Needs additional assistance and *is low-income* as defined by your local area policy and is low-income *(check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:*     [ ]  Youth who received HS diploma or equivalent, *is low-income* and is:[ ]  English language learner[ ]  Basic Skills deficientIs the individual authorized to work in the United States? [ ]  Yes [ ]  NoIf the individual is a male over age 18, has he registered for Selective Service? [ ]  Yes [ ]  NoWhat is the documented reason for youth eligibility? *(Select one)*[ ]  Family Assistance (SNAP/TANF/SSI) received in past six months[ ]  Family income does not exceed poverty line or 70% of LLSIL[ ]  Homeless, Homeless child/youth[ ]  Received or eligible to receive free/reduced lunch[ ]  In foster care or aged out of foster care[ ]  Individual with a disability[ ]  Living in a high poverty area[ ]  5% low-income exceptionYouth barriers documentation: [ ]  Is basic skills deficient[ ]  Is an English language learner[ ]  Is an offender[ ]  Is a homeless individual, homeless child or youth, or a runaway[ ]  Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?[ ]  Is pregnant or parenting[ ]  Is an individual with a disability[ ]  Needs additional assistance to complete an educational program or to secure or hold employment *(check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months)***WIOA Funding Eligibility Decision:**[ ]  WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)[ ]  5% low-income exception for WIOA [ ]  5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)  *Describe:*      [ ]  WIOA Out-of-School Youth Program eligible – low income not required[ ]  WIOA Out-of-School Program eligible *(low income required and barrier(s):*      *)*[ ]  Eligible In-School Youth; **[ ]**  Eligible Out-of-School Youth;or[ ]  Ineligible for WIOA Funding |
| **Signature of WIOA Eligibility Staff** | **Date** |
|  |
| **To be completed by eligibility staff person only:****TANF Funding Eligibility Determination**:Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment? [ ]  Yes [ ]  No **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF**.If the individual is receiving cash assistance, they are automatically **eligible**.If the individual is receiving SNAP, the individual automatically meets the **income requirement**.Is the household's monthly income [*under 200% of the Federal Poverty Guidelines*](https://jfs.ohio.gov/ofam/FPG-2021-Chart.stm)? *Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination.* [ ]  Yes [ ]  NoDoes the individual have a child under age 18? [ ]  Yes [ ]  NoIs the individual one of the following *(check all that apply)*: [ ]  a minor child; [ ]  a parent, specified relative, legal guardian or legal custodian of a minor child; [ ]  a non-custodial parent; [ ]  a pregnant individual; or [ ]  an individual age 18-24 that is part of a family that includes a minor child? [ ]  Yes [ ]  No**TANF Funding Eligibility Decision:**[ ]  TANF Funding Eligible; [ ]  OWF work eligible; [ ]  OWF volunteer; [ ]  PRCor[ ]  Ineligible for TANF Funding |
| **Signature of TANF Eligibility Staff** | **Date** |

*\*\* If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent guardian did not sign.*