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1. SOCIAL SECURITY NUMBER \_\_\_\_\_ 2. LAST NAME \_\_\_\_\_ 3. FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

4. ADDRESS LINE 1 \_\_\_\_\_ 5. ADDRESS LINE 2, include apt # \_\_\_\_\_

6. CITY \_\_\_\_\_ 7. STATE \_\_\_\_\_ 8. ZIP + 4 \_\_\_\_\_ 9. COUNTY \_\_\_\_\_ 10. COUNTRY U S

11. CITIZEN/RIGHT TO WORK:  CITIZEN  RIGHT TO WORK  NO  
 12. PRIMARY PHONE: \_\_\_\_\_ Area Code \_\_\_\_\_  
 13. ALTERNATE PHONE: \_\_\_\_\_ Area Code \_\_\_\_\_  
 14. EMAIL: \_\_\_\_\_

15. ALIEN REGISTRATION CARD NUMBER \_\_\_\_\_ Must complete #15a or #15b along with #15  
 15a. EXPIRATION DATE \_\_\_\_\_ (MM/DD/YYYY)  
 15b. PERMANENT  Yes  No  
 16. VETERAN STATUS - if Veteran, complete #41 a, b, c, d, e  
 Not a Veteran  Transitioning Service Member  
 Veteran  Veteran, <180 days of Active Service  
 Spouse or Family Caregiver of Veteran

**PROGRAM APPLICATION**

17. \_\_\_\_\_ (MM/DD/YYYY)  
 APPLICATION DATE

**Staff Use**

18. PROGRAM TYPE/PROJECT  
 State Formula (MN DW)  
 Federal Formula (WIOA DW)  
 WIOA Adult  
 Project Name: \_\_\_\_\_  
 19. \_\_\_\_\_ (MM/DD/YYYY)  
 DECISION DATE  
 20. [Y] [N] MEETS LOCAL PRIORITY OF SERVICE  
 If Yes, Justification is \_\_\_\_\_  
 Staff Name: \_\_\_\_\_  
 Please Print

**ELIGIBILITY CRITERIA**

21. \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_  
 DATE OF BIRTH AGE  
 22. GENDER  
 Male  Female  
 23. SELECTIVE SERVICE REGISTRATION  
 N/A  Not Registered  
 Registered - must list registration number below  
 \_\_\_\_\_  
 SELECTIVE SERVICE NUMBER

24. [Y] [N] TRADE ADJUSTMENT ASSISTANCE CO-ENROLLMENT

**ELIGIBILITY CRITERIA Continued**

25. [Y] [N] SEPARATED FROM PERMANENT EMPLOYMENT  
 25a. \_\_\_\_\_  
 ACTUAL/PROJECTED SEPARATION DATE  
 26. [Y] [N] RECEIVED NOTICE OF PENDING LAYOFF if yes, #29 must be no  
 26a. \_\_\_\_\_  
 DATE RECEIVED LAYOFF NOTICE  
 27. [Y] [N] MASS LAYOFF  
 28. [Y] [N] PERMANENT PLANT CLOSURE  
 29. [Y] [N] PUBLIC ANNOUNCEMENT OF CLOSURE  
 30. [Y] [N] SEPARATED FROM SELF EMPLOYMENT  
 31. [Y] [N] RESIDENT OF MN AT EMPLOYMENT SEPARATION  
 32. [Y] [N] WORKING IN MN AT EMPLOYMENT SEPARATION  
 33. [Y] LONG ATTACHMENT TO WORKFORCE  
 34. [Y] LIMITED REEMPLOYMENT OPPORTUNITIES  
 35. [Y] UNLIKELY TO RETURN TO PREVIOUS OCCUPATION  
 36. \_\_\_\_\_  
 NUMBER OF WEEKS UNEMPLOYED OUT OF LAST 52  
 36a. [Y] [N] UNEMPLOYED LAST 27 CONSECUTIVE WEEKS if yes, #36 must be 27 or greater

**ENROLLMENT**

37. ETHNICITY  
 Hispanic or Latino  
 Not Hispanic or Latino  
 38. RACE  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hawaiian Native or Other Pacific Islander  
 White  
 39. [Y] [N] REFERRED FROM WAGNER PEYSER  
 40. [Y] [N] LIMITED ENGLISH LANGUAGE PROFICIENCY  
 41. IF #16 is VETERAN, complete a, b, c, d, e below  
 41a. \_\_\_\_\_ (MM/DD/YYYY)  
 ACTUAL MILITARY SEPARATION DATE  
 41b. SERVICE RELATED DISABILITY  
 No (No Service-Related Disability)  
 Yes, (0% to 20% Disabled)  
 Yes, Special Disabled (30% + Disabled)  
 41c. [Y] [N] VET SEPARATED IN LAST 4 YRS  
 41d. [Y] [N] CAMPAIGN VETERAN  
 41e. CAMPAIGN/GROUP:  
 Gold Card (Post 9/11)  
 Operation Enduring Freedom (OEF)  
 Operation Iraqi Freedom (OIF)  
 Red Bull  
 Vietnam

**ENROLLMENT CONTINUED**

**ENROLLMENT CONTINUED**

**ENROLLMENT CONTINUED**

**42. HIGHEST LEVEL OF EDUCATION COMPLETED**

- No Education Grades Completed
- 1st - 11th Grade Completed - Specify Grade
- 12th Grade Completed, No Diploma
- Attained Cert of Attendance/Completion
- High School Diploma
- GED
- 1 Year College/Tech/Vocational School
- 2 Years College/Tech/Vocational School
- Attained Associates Diploma/Degree
- Attained Other Post-Secondary Degree or Cert
- 3 Years College/Technical/Vocational
- Bachelor Degree or Equivalent
- Education Beyond Bachelor Degree

**43. PRE-ENROLLMENT EDUCATION STATUS**

- Not Attending: H.S. Dropout
- Not Attending: Received H.S. Diploma/GED
- Student, Alternative High School
- Student, Attending Post-H.S.
- Student, H.S. or Less

**44. PARTICIPATING IN REGISTERED APPRENTICESHIP PROGRAM**

- Yes  No  Unknown

**45. FAMILY STATUS**

- Individual without Dependents (Single)
- Other Family Member
- Parent in a One-Parent Family
- Parent in a Two-Parent Family

**46. ELIGIBLE FAMILY SIZE** \_\_\_\_\_

**47. ACTUAL FAMILY SIZE** \_\_\_\_\_

**48. ANNUAL FAMILY INCOME \$** \_\_\_\_\_

**49. [Y] [N] SSI RECIPIENT**

**50. [Y] [N] SSDI RECIPIENT**

**51. [Y] [N] TANF/MFIP RECIPIENT**

**51a. [Y] [N] EXHAUSTING TANF/MFIP WITHIN 2 YEARS,** whether or not currently receiving

**52. [Y] [N] FOOD SUPPORT RECIPIENT (SNAP)**

**53. [Y] [N] GENERAL ASSISTANCE RECIPIENT**

**54. [Y] [N] REFUGEE ASSISTANCE RECIPIENT**

**55. INDIVIDUALIZED EDUCATION PLAN**

- Current IEP
- Current 504 Plan
- Previous IEP
- Previous 504 Plan
- Does Not Have IEP or 504 Plan

**56. [Y] [N] DISPLACED HOMEMAKER**

**57. LAYOFF RELATED TO COVID-19**  
 Yes  No  Unknown

**58. LAYOFF RELATED TO CIVIL UNREST**  
 Yes  No  Unknown

**59. DISABILITY STATUS** if Yes, complete 59a, 59b, 59c, 59d

- Not Disabled
- Yes, and Disability is an Employment Barrier
- Yes, Disability Not a Barrier to Employment
- Choose Not to Disclose

**59a. CATEGORY OF DISABILITY** if #59 is Yes, Select 1

- Mental Impairment
- Physical Impairment
- Both Physical & Mental Impairments
- Choose Not to Disclose

**59b. Employment Work Setting** if #59 is Yes, Select 1

- Formerly Employed in Supported Employment
- Not Currently Employed
- Working in Competitive, Integrated Employment
- Working in Group Supported Employment
- Working in Sheltered Workshop
- Working in Two or More of the Above Settings

**59c. BENEFIT & FINANCIAL SERVICES** if #59 is Yes, Select 1

- Has NOT Received Benefit or Financial Services
- Has Receipt & Received Benefit Services Only
- Has Receipt & Received Financial Services Only
- Has Receipt & Received BOTH Benefit & Financial Services

**59d. [Y] [N] TICKET TO WORK** Answer if 59 is Yes

**60. [Y] [N] HOMELESS**

**61. [Y] [N] OFFENDER**

**62. [N] WSA BARRIER TO EMPLOYMENT**

**63. LABOR FORCE STATUS**

- Employed Full Time
- Employed Part Time
- Employed, Received Term Notice/Military Sep
- Not Employed, Was Not Self-Employed
- Not Employed, Was Self-Employed, Farm
- Not Employed, Was Self-Employed, Non Farm
- Not in Labor Force (Not actively seeking employment)

**64. MIGRANT STATUS**

- No
- Yes, Farm Worker; employed in agricultural labor
- Yes, Farm Worker; employed in food processing work
- Yes, Migrant Farm Worker; employed in agricultural labor
- Yes, Migrant Farm Worker; employed in food processing work
- Yes, Migrant Worker; employed in agricultural labor
- Yes, Migrant Worker; employed in food processing work

**65. UI BENEFIT STATUS**

- Claimant Not Referred by RESEA or WPRS
- Claimant Referred by RESEA
- Claimant Referred by WPRS (#67 must be Yes)
- Claimant Exempt from Work Search
- Exhaustee
- Neither Claimant nor Exhaustee

**66. [Y] RECEIVED WORKFORCE INFORMATION SERVICES**

**67. [Y] [N] RECEIVED LETTER FROM WPRS** (Workforce Profiling Reemp Serv)

**68. [Y] [N] RCVD. RAPID RESPONSE SERV**

**69. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]**  
**ACTUAL SEPARATION DATE** (if different than #25a)

**70. EMPLOYER AT SEPARATION**

**71. [ ] [ ] [ ] [ ]** MONTHS EMPLOYED IN SEPARATED OCCUPATION

**72. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]** HOURLY WAGE OF SEPARATED JOB

**73. SEPARATED JOB TITLE** (Description)

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] O\*NET Code

**74. SEPARATED NAICS (Job Industry) CODE**  
(North American Industry Classification System)

**REQUIRED SIGNATURES**

I certify that the information provided is correct. The information I have provided is subject to review and verification, and I may have to provide documents to support this application. Intentional misrepresentation of information on this application will result in immediate termination and I may be prosecuted for perjury.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

I have verified this application for completeness and accuracy.

**Staff Use**

**75. [Y] [N] WAGE DETAIL CONSENT GIVEN** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (MM/DD/YYYY)  
EFFECTIVE DATE of consent

**76. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]** (MM/DD/YYYY)  
ENROLLMENT DATE

**77. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]** (MM/DD/YYYY)  
ESTIMATED END DATE  
of Staff Assisted Assessment

**OPEN ACTIVITY STATUS**

**78. ACTIVITY STATUS TYPE**  Staff Assisted Assessment, Career Counseling & Individual Plan Development

**79. LEVEL <9**  Yes  No ERS \_\_\_\_\_ MS \_\_\_\_\_