Workforce One	ADULT	& DW Enrollment Form	MN & WIOA
1. SOCIAL SECURITY NUMBER 2. LAST NA	AME	3. F	IRST NAME M.I.
4. ADDRESS LINE 1		5. ADDRESS LINE 2, include ap	ot#
6. CITY 7. STA	TE 8. <b>ZIP + 4</b>	9. <b>COUNTY</b>	<u>u s</u> 10. <b>COUNTRY</b>
11. CITIZEN/RIGHT TO WORK: 12.PRIMARY PHONE:  CITIZEN RIGHT TO WORK 14.EMAIL: NO	Area Code	13.ALTERNATE PH	Area Code
15. ALIEN REGISTRATION CARD NUMBER Must complete #15a or #15b along with #15  15a. EXPIRATION DATE Mo  15b. PERMANENT Yes No	W/DD/YYYY)	16. VETERAN STATUS - if Vete  Not a Veteran Veteran Spouse or Family Careg	eran, complete #43 a, b, c, d, e below  Transitioning Service Member  Veteran, <180 days of Active Service giver of Veteran
PROGRAM APPLICATION	ELIG	IBILITY CRITERIA Continued	ENROLLMENT
17. APPLICATION DATE	25. [Y] [N] 25a.	SEPARATED FROM EMPLOYMENT  ACTUAL/PROJECTED SEPARATION DATE	39. ETHNICITY  Hispanic or Latino Not Hispanic or Latino
Staff Use  18. PROGRAM TYPE/PROJECT  State Formula (MN DW) WIOA Adult  Federal Formula (WIOA DW)  Project Name:	26. [Y] [N] 26a.		40. RACE  American Indian or Alaska Native  Asian  Black or African American  Hawaiian Native or Other Pacific Islander
19. L L L L (MM/DD/YYYY)  DECISION DATE	27. [Y] [N] 28. [Y] [N]	MASS LAYOFF PERMANENT PLANT CLOSURE	White 41. [Y] [N] REFERRED FROM
20. [Y] [N] MEETS LOCAL PRIORITY OF SERVICE  If Yes, Justification is	29. [Y] [N]	PUBLIC ANNOUNCEMENT OF CLOSURE IN 180 DAYS or LESS	42. [Y] [N] LIMITED ENGLISH LANGUAGE PROFICIENCY
VERIFIED SSN Entered AboveYesNo	30. [Y] [N]	SEPARATED FROM SELF EMPLOYMENT	FROFICIENCI
Staff Name: Please Print	31. [Y] [N]	RESIDENT OF MN AT EMPLOYMENT SEPARATION	43a. LI
ELIGIBILITY CRITERIA	32. [Y] [N]	WORKING IN MN AT EMPLOYMENT SEPARATION	43b. SERVICE RELATED DISABILITY No (No Service-Related Disability)
21. MM/DD/YYYY) DATE OF BIRTH AGE	33. [Y] [N]	ATTACHMENT TO THE LABOR FORCE for at least 1 day with the employer of dislocation	Yes, (0% to 20% Disabled) Yes, Special Disabled (30% + Disabled)  43c. VET SEPARATED IN LAST:
22. GENDER	34. [Y] [N]	LIMITED REEMPLOYMENT OPPORTUNITIES	2 years4 yearsNeither
Male Female	35. [Y] [N]	UNLIKELY TO RETURN TO PREVIOUS OCCUPATION	43d. [Y] [N] CAMPAIGN VETERAN 43e. CAMPAIGN/GROUP:
23. SELECTIVE SERVICE REGISTRATION N/ANot Registered Registered - must list registration number below	36. [Y] [N]	UNEMPLOYED AS RESULT OF GENERAL ECONOMIC CONDITIONS	34th ECAB Gold Card (Post 9/11) Gulf War
_	37.	WEEKS UNEMPLOYED IN LAST 52	Operation Enduring Freedom (OEF)
SELECTIVE SERVICE NUMBER	37a. [Y] [N]	UNEMPLOYED LAST 27 CONSECUTIVE WEEKS if yes, #37 must be 27 or greater	Operation Iraqi Freedom (OIF)Red Bull
24. [Y] [N] TRADE ADJUSTMENT ASSISTANCE	38. [Y] [N]	ELIGIBLE FOR OR EXHAUSTED	Vietnam

ENROLLMENT CONTINUED	ENROLLMENT CONTINUED	ENROLLMENT CONTINUED
14. HIGHEST LEVEL OF EDUCATION COMPLETED	63. DISABILITY STATUS if Yes, complete 63a, 63b, 63c, 63d	68. MIGRANT STATUS
	Not Disabled	No
No Education Grades Completed  1st - 11th Grade Completed - Specify Grade	Yes, and Disability is an Employment Barrier	Yes, Farm Worker; employed in agricultural labor
12th Grade Completed, No Diploma	Yes, Disability Not a Barrier to Employment	Yes, Farm Worker; employed in food processing work
Attained Cert of Attendance/Completion	Choose Not to Disclose	Yes, Migrant Farm Worker; employed in agricultural labor
High School Diploma	<del>_</del>	Yes, Migrant Farm Worker; employed in food processing work
GED	63a. CATEGORY OF DISABILITY if #63 is Yes, Select 1	Yes, Migrant Worker; employed in agricultural labor
1 Year College/Tech/Vocational School	Mental Impairment  Physical Impairment	Yes, Migrant Worker; employed in food processing work
2 Years College/Tech/Vocational School	Both Physical & Mental Impairments	
Attained Associates Diploma/Degree	Choose Not to Disclose	69. <b>UI BENEFIT STATUS</b> Claimant Not Referred by RESEA or WPRS
Attained Other Post-Secondary Degree or Cert	<del>_</del>	Claimant Referred by RESEA
3 Years College/Technical/Vocational	63b. Employment Work Setting if #63 is Yes, Select 1	Claimant Referred by WPRS (#71 must be Yes)
Bachelor Degree or Equivalent	Formerly Employed in Supported Employment	Claimant Exempt from Work Search
Education Beyond Bachelor Degree	Not Currently Employed	Exhaustee
45. PRE-ENROLLMENT EDUCATION STATUS	Working in Competitive, Integrated Employment	Neither Claimant nor Exhaustee
Not Attending: H.S. Dropout	Working in Group Supported Employment	_
Not Attending: Received H.S. Diploma/GED	Working in True of More of the Above Settings	70. [Y] RECEIVED WORKFORCE INFORMATION SERVICES
Student, Alternative High School	Working in Two or More of the Above Settings	IN ORMATION SERVICES
Student, Attending Post-H.S.	63c. BENEFIT & FINANCIAL SERVICES if #63 is Yes, Select 1	71. [Y] [N] RECEIVED LETTER FROM WPRS
Student, H.S. or Less	Has NOT Received Benefit or Financial Services	(Workforce Profiling Reemp Serv)
	Has Receipt & Received Benefit Services Only	72. [Y] [N] RCVD. RAPID RESPONSE SERV
46. PARTICIPATING IN REGISTERED	Has Receipt & Received Financial Services Only	73.1
APPRENTICESHIP PROGRAM	Has Receipt & Received BOTH Benefit & Financial Services	73. ACTUAL SEPARATION DATE (if different than #25a)
Yes No Unknown	63d. [Y] [N] TICKET TO WORK Answer if 63 is Yes	
47. FAMILY STATUS		74. EMPLOYER AT SEPARATION
Individual without Dependents (Single)	64. [Y] [N] HOMELESS	
Other Family Member	65. [Y] [N] OFFENDER	75. MONTHS EMPLOYED IN
Parent in a One-Parent Family	66. [N] WSA BARRIER TO EMPLOYMENT	SEPARATED OCCUPATION
Parent in a Two-Parent Family	67. LABOR FORCE STATUS - Select 1	76.    _   HOURLY WAGE OF
48. ELIGIBLE FAMILY SIZE	Employed Full Time	SEPARATED JOB
49. ACTUAL FAMILY SIZE	Employed Part Time	77. SEPARATED JOB TITLE (Description)
50. ANNUAL FAMILY INCOME \$	Employed, Received Term Notice/Military Sep	77. OLI PROVIDE GOD TITLE (Goodington)
O. ANNOAL PAINILT INCOME \$	Not Employed, Was Not Self-Employed	
51. [Y] [N] SSI RECIPIENT	Not Employed, Was Self-Employed, Farm	O*NET Code
52. [Y] [N] SSDI RECIPIENT	Not Employed, Was Self-Employed, Non Farm	78.SEPARATED NAICS (Job Industry) CODE
53. [Y] [N] TANF/MFIP RECIPIENT	Not in Labor Force (Not actively seeking employment)	(North American Industry Classification System)
53a. [Y] [N] EXHAUSTING TANF/MFIP WITHIN	Self Employed	
2 YEARS, whether or not currently receiving	REQUIRED SIGNATURES	
54. [Y] [N] FOOD SUPPORT RECIPIENT (SNAP)	I certify that the information provided is true to the best of my knowled	ge Lam aware that the information I have
55. [Y] [N] GENERAL ASSISTANCE RECIPIENT	provided is subject to review and verification and I may have to provide	<u> </u>
66. [Y] [N] REFUGEE ASSISTANCE RECIPIENT	aware that I am subject to immediate termination if I am found ineligib	le after enrollment and may be prosecuted for
	perjury.	
77. INDIVIDUALIZED EDUCATION PLAN  Current IEP		
Current 504 Plan	APPLICANT SIGNATURE	DATE
Previous IEP		
Previous 504 Plan	OTAFF CIONATURE	
Does Not Have IEP or 504 Plan	STAFF SIGNATURE  I have verified this application for completeness and accura	DATE
_	Thave verified this application for completeness and accura	acy.
58. [Y] [N] DISPLACED HOMEMAKER	Staff Use	1
59. [Y] [N] RECEIVING MEDICAL ASSISTANCE	79. [Y] [N] WAGE DETAIL CONSENT GIVEN	
60. [Y] [N] SELF or FAMILY MEMBER ELIGIBLE FOR FREE SCHOOL LUNCH in last 6	EFFECTI	VE DATE of consent
months	80.	
S1. LAYOFF RELATED TO COVID-19	50	ED END DATE
Yes No Unknown	OPEN ACTIVITY STATUS	Assisted Assessment
COLLANDEE DEL ATER TO COMILLINISCOT		alian 9 Individual Play Development
62. <b>LAYOFF RELATED TO CIVIL UNREST</b> Yes No Unknown	82. ACTIVITY TYPE = Staff Assisted Assessment, Career Couns	
	83 LEVEL <9 Yes No ERS MS	3