

Workforce Solutions operates programs for **Ramsey County** young adults ages 14 – 24, focusing on those who are out-of-school. These programs provide year-round individualized development, training and employment services to economically-disadvantaged young adults. In order to be eligible for the program, at least one of the criteria below must also be met:

- | | | | |
|--|-----------------------------------|-----------------------------|-----------------------------|
| <i>Disability</i> | <i>Limited English</i> | <i>Chemically dependent</i> | <i>Parent/pregnant</i> |
| <i>Foster child</i> | <i>Offender/diversion program</i> | <i>Homeless/runaway</i> | <i>High school dropout</i> |
| <i>Basic skills deficient</i> | <i>Potential dropout</i> | <i>Low-income family</i> | <i>Behind grade for age</i> |
| <i>Son/daughter of drug/alcohol abuser</i> | | | |

Contact one of the following agencies to determine if you are eligible for the U LEAD program and to see if there are current openings:

Workforce Solutions Minnesota Workforce Center 2098 11 th Avenue E North St. Paul, MN 55109 Phone: 651-770-4468	Workforce Solutions St. Paul Workforce Center 540 Fairview Avenue St. Paul, MN 55104 Phone: 651-770-4468	HIRED St. Paul Workforce Center 540 Fairview Avenue St. Paul, MN 55104 Phone: 651-642-0756	YWCA - Saint Paul 375 Selby Avenue St. Paul, MN 55102 Phone: 651-222-3741
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American Indian Family Center 579 Wells Street St. Paul, MN 55101 Phone: 651-793-3903	Lifetrack Resources 709 University Avenue St. Paul, MN 55104 Phone: 651-227-8471	Hmong American Partnership (HAP) 1075 Arcade Street St. Paul, MN 55106 Phone: 651-495-1542
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- Your Parent/Legal Guardian must also sign and date the application if you are under age 18.
- U LEAD programs are required to **verify the age** of all participants. The following are examples of acceptable forms of age verification:
 - Birth Certificate
 - Minnesota Identification Card
 - Official School Record that has your name and birth date on it
 - Driver’s License
 - Alien Registration Card or I-94 Card (both sides)
- If you are not a U.S. Citizen the program will require a copy of your **Alien Registration Card or I-94 Card**. (both sides)
- If you are enrolled into the program you will be asked to provide **verification of your social security number**. If you do not have your Social Security Card you can also download an application from the Social Security Administration website at www.ssa.gov and take it plus verification of identity to your local social security office to get a duplicate card sent to you. (A paystub or W-2 would also be acceptable verification of the number for our purposes.)
- Read the Minnesota Data Practices Act handout and keep this form for your records.

U LEAD Application

MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an applicant for or participant in the U L.E.A.D. program, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

Workforce Solutions, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, Workforce Solutions and its vendors, HIRED, Lifetrack Resources, YWCA, AIFC, and HAP, are authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job. The information will be entered into a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only, and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give in order to qualify for job training services. Failure to complete these items will not adversely affect your eligibility. However, you are encouraged to complete all of the items in order to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment in any U L.E.A.D. program with Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

SAVE THIS PAGE FOR YOUR RECORDS

U LEAD Application

Section #1: PERSONAL INFORMATION

Name: _____, _____ Date: _____
(Last) (First) (Middle)

Street Address: _____ Apt #: _____

City: _____ County: Ramsey State: _____ Zip: _____
Must be Ramsey County resident.

Home Phone: ____-____-____ Cell Phone: ____-____-____ Message #: ____-____-____

Email address: _____ Sex: Male Female

Birth Date: ____-____-____ Current Age: ____ Social Security #: ____-____-____

How did you hear about our program? _____

Section #2: EDUCATIONAL STATUS

Educational Status:

- I am in the _____ grade at _____ school.
- I am a high school graduate (or received my GED) and plan to attend college or technical school.
- I am a high school graduate (or received my GED) and plan to look for a job.
- I did not complete high school and am not in school now. The last grade I completed was _____.
- I am currently attending college. Name of college: _____. Year _____
- I will be attending Summer School. Are you missing any credits? Yes No If so, how many? _____

IEP: Have you ever had an IEP (Individual Education Plan) through your school? Yes No

Education	Name of School	Dates Attended	Last Grade Completed	Major
Junior High School				
Senior High School				
Post Secondary				

Section #3: EMPLOYMENT STATUS

Are you currently working? Yes No Part time Full time Temp

My last day of work was: _____ Are you eligible for or receiving unemployment insurance? Yes No

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Section #4: EMPLOYMENT HISTORY List your last four employers, starting with the most recent job.

To-From Dates:	Name and Address of Employer	Wage & hrs/wk	Job Title	Supervisors Name	Reason for Leaving

Section #5:

Ethnicity: ____ A person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture in origin, regardless of race

Race: (check all that apply)

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> African American/ Black |
| <input type="checkbox"/> Pacific Islander/ Hawaiian Native | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

Citizenship Status: (check one only)

- U.S. Citizen
- Registered Resident Alien I-94 # _____
- Non Citizen with work permit
- Refugee
- Other: Explain _____

Selective Service Registration: If you are a male citizen, permanent resident alien, or refugee born on or after January 1, 1960, and are 18 years old or older, you are required to register with the Selective Service.

- I am currently registered with Selective Service. Selective service # _____
- I am required to register with Selective Service, but have not done so.
- I am not required to register with Selective Service.

Veteran Status:

- I am a veteran. Active duty start date: _____ Active duty end date: _____
- I am not a veteran.

Section #6: FAMILY STATUS

Family Size: _____ Include all relatives who are/or would be included on family tax return (include yourself).

Living with:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Father | <input type="checkbox"/> Relative: _____ |
| <input type="checkbox"/> On my own | <input type="checkbox"/> Other: _____ |

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Section #7: MYP/ WIA PROGRAM ELIGIBILITY

Please check YES or NO to ALL of the categories. Documentation may be required.

- | | |
|---|---|
| <input type="radio"/> Yes <input type="radio"/> No -- I have a PHYSICAL DISABILITY | <input type="radio"/> Yes <input type="radio"/> No -- I am a PARENT OR PREGNANT (# of children _____) |
| <input type="radio"/> Yes <input type="radio"/> No -- I have a MENTAL DISABILITY | <input type="radio"/> Yes <input type="radio"/> No -- I am a FOSTER CHILD or live in a GROUP HOME |
| <input type="radio"/> Yes <input type="radio"/> No -- I have a LEARNING DISABILITY | <input type="radio"/> Yes <input type="radio"/> No -- I am an OFFENDER or in a DIVERSION program |
| <input type="radio"/> Yes <input type="radio"/> No -- I have an EMOTIONAL DISABILITY | <input type="radio"/> Yes <input type="radio"/> No -- I am HOMELESS or a RUNAWAY |
| <input type="radio"/> Yes <input type="radio"/> No -- I have an BEHAVIORAL DISABILITY | <input type="radio"/> Yes <input type="radio"/> No -- I am a HIGH SCHOOL DROPOUT |
| <input type="radio"/> Yes <input type="radio"/> No -- I am BEHIND 1 or more GRADES | <input type="radio"/> Yes <input type="radio"/> No -- I am behind in READING and/or MATH SKILLS |
| <input type="radio"/> Yes <input type="radio"/> No -- I have limited ENGLISH abilities | <input type="radio"/> Yes <input type="radio"/> No -- I receive PUBLIC ASSISTANCE |
| <input type="radio"/> Yes <input type="radio"/> No -- I am CHEMICALLY DEPENDENT | <input type="radio"/> Yes <input type="radio"/> No -- I am a son/daughter of DRUG/ALCOHOL ABUSERS |
| <input type="radio"/> Yes <input type="radio"/> No -- I am a POTENTIAL DROPOUT (<i>must fit at least one of the following</i>): | |
| <input type="checkbox"/> poor school attendance | <input type="checkbox"/> 1 grade level below performance level for my age |
| <input type="checkbox"/> experienced homelessness | <input type="checkbox"/> parenting or pregnant |
| <input type="checkbox"/> dropped out and returned to school | <input type="checkbox"/> enrolled in a public alternative school |
| <input type="checkbox"/> assessed as chemically dependent | <input type="checkbox"/> juvenile offender/diversion program |
| <input type="checkbox"/> have a disability | <input type="checkbox"/> limited English abilities |
| <input type="checkbox"/> recognized by school staff to be experiencing academic or personal difficulties | |

If you have checked yes to one or more of these categories you may be asked to have the attached Verification Form completed to verify U LEAD eligibility.

Section #8: FAMILY INCOME

Financial Assistance:

My family **DOES** receive the following types of assistance (add Maxis # where ** appear):

- | | | |
|---|---|---|
| <input type="checkbox"/> MFIP/TANF Grant** <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Child Support <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> General Assistance (GA)** <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Food Stamps** <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Free School Lunch |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Pension | <input type="checkbox"/> Veterans Disability |
| <input type="checkbox"/> Refugee Assistance** <input style="width: 100px;" type="text"/> | <input type="checkbox"/> Supplemental Security Income SSI | |

My family **DOES NOT** receive any financial assistance.

Family Income:

Please indicate the entire family income and sources for the last 6 months prior to date of this application.

This section must be completed unless the young adult can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security (indicate type), pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Name of family member</u>	<u>Relationship to you</u>	<u>Type of Income</u>	<u>Received in Past 6 months</u>
1. _____	Self (applicant)	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Total Amount: _____

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CERTIFICATION STATEMENT

I hereby give permission for this applicant to participate in U LEAD programs operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine my eligibility for the U LEAD Program. I further understand that the income information will be kept confidential and is subject to audit by program officials.

I understand that I am subject to immediate termination from the U LEAD Program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if, I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.

I understand that **completing this application does not guarantee** that I will be enrolled in the U LEAD Program.

I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.

SIGNATURE OF YOUNG ADULT APPLICANT **Date**

I give my consent for my daughter/son/ward to participate in the U LEAD program operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

SIGNATURE OF PARENT/ LEGAL GUARDIAN **Date**

U LEAD staff signature **Date**

RECERTIFICATION

SIGNATURE OF YOUNG ADULT APPLICANT **Date**

I give my consent for my daughter/son/ward to participate in the U LEAD program operated by Workforce Solutions, HIRED, Lifetrack Resources, YWCA, AIFC, and/or HAP.

SIGNATURE OF PARENT/ LEGAL GUARDIAN **Date**

U LEAD Staff Signature **Date**

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THIS SECTION IS TO BE COMPLETED BY SCHOOL or AGENCY OFFICIAL

Please check the categories that apply to this student/applicant that you can verify according to your records.

For verification purposes, a parent/legal guardian cannot complete this form.

Name of Applicant: _____ Date of Birth: _____

Social Security#: _____ Do your records verify this applicant's date of birth? Yes No

Reading grade level: _____ Test name: _____ Test date: _____

Math grade level: _____ Test name: _____ Test date: _____

PLEASE INITIAL ALL THAT APPLY TO THIS STUDENT

- Physical Disability (type) _____
- Mental Disability (type) _____
- Learning Disability (type) _____
- Emotional Disability (type) _____
- Assessed as Chemically Dependent
- Basic Skills Deficient
- Offender / Diversion Program
- Receives Public Assistance
- Education attainment is below one or more grade levels appropriate to age.
- Pregnant / Parenting
- Foster Child
- Homeless or Runaway
- Limited English Proficiency
- Child of Drug/Alcohol Abusers
- High School Dropout
- Potential Dropout
- Lives in a Group Home

If you has a disability, please comment on how it is a barrier to employment: _____

I _____ (PRINT NAME) certify that the above information is based on School/Agency Records and is true to the best of my knowledge.

School/ Agency Staff Signature **Title** **Date**

Agency **Phone**