

Please complete the entire WIOA Application. This Information will be used to determine WIOA **eligibility** and **suitability**.  
All information is kept confidential and is shared with our OhioMeansJobs Partners on a need to know basis.

Date of Application: \_\_\_\_\_ (WIOA application will be used in conjunction with **OhioMeansJobs Registration**)

Name: \_\_\_\_\_ LAST 4 SSN# - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Statements of Understanding**

WIOA is a designed to assist you in gaining suitable employment and include: Career Services and Training Services. I understand that completing this application does not entitle me to continued services.  
\_\_\_\_\_(initial)

Career Services include, but are not limited to: job search, placement assistance, job listing, Labor Market Information, follow-up services, registering on OhioMeansJobs, comprehensive assessment, development of individual employment plans, career counseling, testing, attending workshops and case management services; all of which are designed to assist me becoming employed. \_\_\_\_\_(initial)

After the Employment Services Counselor determines you are unable to obtain suitable employment, the Training Services may then begin. Training Services may include skill training and education.  
\_\_\_\_\_(initial)

All services must be authorized by WIOA Employment Counselor prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of me, the applicant. \_\_\_\_\_(initial)

I understand that my circumstances differ from all other WIOA Applicants. My employment plan is unique to me and my assistance may differ from other applicants to include the type of assistance, amount of assistance, time frames and the outcome. \_\_\_\_\_(initial)

I understand WIOA is not “financial aid” but a program that provides assistance to me in obtaining suitable employment. \_\_\_\_\_(initial)

I will be contacted (phone or letter) by a WIOA Employment Counselor to make an appointment to discuss this application within 5 business days of the accepted WIOA application.  
\_\_\_\_\_(initial)

## OMJ Orientation Checklist

Please complete and provide ALL of the following:

### Tasks

### Date Completed

1. Meet with OhioMeansJobs Assistant to discuss all services available through OhioMeansJobs (***Complete New Customer Full Registration and attach***).

\_\_\_\_\_

2. Register on **OhioMeansJobs** (OMJ); attach verification to WIOA Application.

\_\_\_\_\_

3. Create, update, and attach your resume to WIOA Application.

\_\_\_\_\_

4. Using the **OhioMeansJobs** Website, research the occupation you are interested in. Find employment outlook, average wages, training required, work environment, etc...(Print and attach copy).

\_\_\_\_\_

5. Attach 3 potential job opportunities for the chosen career (i.e. Newspaper Ads, Internet Source, OMJ, etc...).

\_\_\_\_\_

6. Why do you think you have been unsuccessful in obtaining suitable employment? List or attach any recent jobs you have applied for and the results. (Attach copy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VERIFICATION CHECKLIST

Please attach all of the following to this application:

Verification Sources	
	Completed Full Registration
	Current month of "ALL" household income identified with Budget Worksheet (pay stubs, award letters, print out, etc...)
	Unemployment Award Letter
	Birth Certificate (copy)
	Social Security Card (copy)
	Driver's License or State ID (copy)
	HS and/or College Diploma / GED Certificate / Transcripts (copy)
	DD 214 – Veteran Status (copy)
	Any degree, certificates, diplomas, licenses (STNA, Associates, certifications)
	Results of any tests taken through your school of choice (Work Keys, PESCO, Pass Key, Compass Test)
	FAFSA (financial aid) Verification

## Statement of Relationship

221 W. Parish St., Sandusky, Ohio 44870, (419)624-6451

### Section 1: Client/Customer Statement:

OhioMeansJobs, in administrating the Workforce Innovation & Opportunity Act, must know of any relationship that may exist between WIOA clients/customers and Stakeholders. Please complete the following information:

I, (Client/Customer): \_\_\_\_\_  
Print Last Name First Name MI

am or  am not, a relative of (relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage), a friend of, or have/had any relationship with, the Case Manager, WIOA Administrator, Erie County JFS Directors, Elected Officials, County Employees, OhioMeansJobs Employees, WIB Members, Youth Council or State Employees.

My relationship identified above is with: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Signature Date

### Section 2 Case Manager Statement

I, \_\_\_\_\_  am or  am not, a relative of (relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage), a friend of, or have/had any relationship with, the WIOA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: \_\_\_\_\_  
State Nature of Relationship

\_\_\_\_\_  
Signature Date

### Section 3: Supervisor Statement:

I, \_\_\_\_\_  am or  am not, a relative of (relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage), a friend of, or have/had any relationship with, the WIOA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: \_\_\_\_\_  
State Nature of Relationship

\_\_\_\_\_  
Signature Date

### Section 4: Administrator Statement:

I, \_\_\_\_\_  am or  am not, a relative of (relative defined: parent, step-parent, spouse, domestic partner, child, step-child, foster child, sibling, grandchild, grandparent or related by marriage), a friend of, or have/had any relationship with, the WIOA Client/Customer identified in Section 1 above.

My relationship with the Client/Customer is: \_\_\_\_\_  
State Nature of Relationship

\_\_\_\_\_  
Signature Date

**BUDGET & EXPENSE WORKSHEET**

<b>EXPENSE</b>	<b>Current Amount Per Month</b>	<b>INCOME</b>	<b>Current Amount Per Month</b>
Rent / Mortgage	\$	Income from present job (attach verification)	\$
Electric	\$	Income from odd jobs (under the table jobs)	\$
Gas	\$	Income from other family members (attach verification)	\$
Food	\$	Cash from Public Assistance (attach verification)	\$
Water	\$	SSI & SSDI (attach verification)	\$
Sewer	\$	Food Stamps (attach verification)	\$
Garbage Pick Up	\$	Veteran Benefits / Compensation / Retirement	\$
Telephone	\$	Public Housing (attach verification)	\$
Cellular Phone	\$	Unemployment Compensation (attach verification)	\$
Cable TV	\$	Training Assistance (attach verification)	\$
Internet	\$	Child Support	\$
Car Payment	\$	Gifts / loans from others	\$
Gasoline	\$	Medical Assistance (attach verification)	\$
Medical / Dental insurance/costs	\$	Child Care (attach verification)	\$
Newspaper	\$	Federal and State Financial Aide (attach verification)	\$
Credit Card Payments	\$	Training voucher (attach verification)	\$
Automobile Insurance	\$	<b>OTHER SOURCES LISTED BELOW:</b>	\$
Other Insurance	\$		\$
Child care	\$		\$
Child Support	\$		\$
Alimony	\$		\$
Other Expenses:	\$		\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>TOTAL INCOME</b>	<b>\$</b>

TOTAL INCOME \$ \_\_\_\_\_ -- - TOTAL EXPENSES \$ \_\_\_\_\_ = NET INCOME \$ \_\_\_\_\_

**EMPLOYMENT ASSESSMENT**

ISSUE QUESTION	YES	NO	COMMENT
DO YOU HAVE ADEQUATE FOOD, CLOTHING, AND SHELTER?			
IS YOUR GENERAL HEALTH ADEQUATE?			
IS YOUR DENTAL HEALTH ADEQUATE?			
DO YOU HAVE ANY HEARING OR VISION PROBLEMS?			
DO YOU HAVE ANY DISABILITIES THAT WOULD PREVENT YOU FROM DOING CERTAIN TYPES OF WORK?			
ARE YOU CURRENTLY UNDER A PHYSICIANS CARE?			
ARE YOU, OR ANYONE IN YOUR HOUSEHOLD, CURRENTLY PREGNANT?			
DO YOU OR ANYONE IN YOUR HOUSEHOLD HAVE ALCOHOL OR SUBSTANCE ABUSE PROBLEMS?			
ARE YOU/THEY IN TREATMENT FOR THIS PROBLEM?			
ARE YOU, OR ANYONE IN YOUR HOUSEHOLD, RECEIVING COUNSELING SERVICES AT THIS TIME?			
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			
ARE THERE ANY PENDING LEGAL SITUATIONS THAT WOULD AFFECT YOUR GETTING A JOB OR ATTENDING TRAINING?			
IS THERE ANYONE IN YOUR HOUSEHOLD SO SICK OR DISABLED AS TO REQUIRE YOUR CARE ON A CONTINUING BASIS?			
DO YOU HAVE ANY CHILDREN UNDER THE AGE 19 WHO DO NOT LIVE WITH YOU?			
IF YOU ARE REQUIRED TO PAY CHILD SUPPORT, ARE YOUR PAYMENTS UP TO DATE?			
DO YOU HAVE A VALID DRIVERS LICENSE?			
DO YOU OWN AN AUTOMOBILE?			
IF YES, IS YOUR AUTOMOBILE INSURED?			
IF NO, DO YOU HAVE SOMEONE WHO CAN PROVIDE TRANSPORTATION?			
DO YOU HAVE ADDITIONAL CONCERNS THAT HAVE NOT BEEN ADDRESSED IN THIS QUESTIONNAIRE?			

All statements I have provided in completing this WIOA Application for Services is true to the best of my knowledge. Willful misrepresentation on my part will result in immediate dismissal from the WIOA program and/or repayment for cost of services

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OHIO MEANS JOBS ERIE COUNTY STAFF ONLY**

DATE RECEIVED COMPLETED APPLICATION: \_\_\_\_\_ TIME: \_\_\_\_\_

OhioMeansJobs Erie County Staff Member: \_\_\_\_\_  
Print Name
Signature