VIRGINIA CAREER WORKS
PIEDMONT REGION

Workforce Innovation and Opportunity Act (WIOA)
Dislocated Worker Eligibility Application

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ELIGIBILITY INFORMATION			
Application Date		☐ **Adult Basic Career Services Eligibility**	
Local Area/Region	Virginia Career Works – Piedmont Region	☐ **Adult Eligibility**	
Office Location	☐VCW - Culpeper Center ☐ VCW – Charlottesville Center ☐VCW – Albemarle Center ☐ VCW – Orange Mobile Center	☐ **Dislocated Worker Eligibility**	
		☐ **Youth Eligibility**	
		Eligibility Date	

CONTACT INFORMATION		
First Name		
Middle Initial		
Last Name		
S.S. Number	Social Security Numbers (SSNs) are not required for eligibility determination. However, AJC staff must request an individual's SSN for performance reporting purposes. AJC Staff may contact Virginia Works for an alternate unique identifier if an individual fails to provide an SSN. A copy of source documentation or Attachment C WIOA Title I Telephone Verification and document inspection form must be uploaded into VAWC.	☐ DD-214 Report of Transfer or Discharge Employment Records ☐ Letter from Social Service agency Pay Stub ☐ Social Security Benefits ☐ Social Security Card ☐ W-2 Form ☐ Letter/Printout from Social Security Office ☐ Self Attestation ☐ Other Applicable Documentation
Address		☐ Voter Registration Card ☐ Computer Printout from Government Agency ☐ Driver's License ☐ Food Stamp Award Letter ☐ Homeless – Primary Nighttime Residence Housing Authority Verification ☐ Insurance Policy (Residence and Auto ☐ Landlord Statements ☐ Lease ☐ Letter from Social Service Agency or School ☐ Library Card ☐ Medicaid/Medicare Card ☐ Phone Directory ☐ Property Tax Record ☐ Public Assistance Records ☐ Rent Receipt ☐ School Identification Card ☐ Selective Service Registration Card ☐ Utility Bill ☐ Applicant Statement w/ Witness ☐ Postmarked Mail Addressed to Applicant ☐ Other Applicable Documentation (specify)
City		
State	Virginia	
Zip Code		
Country	United States	
Phone Number		☐ Home ☐ Mobile
Email Address		

ALTERNATIVE CONTACTS				
Alternate Contacts:	Contact Name		Contact Name	
	Address		Address	
	City		City	
	State		State	
	Zip		Zip	
	Phone #		Phone #	
	Email Address		Email Address	
	Relationship		Relationship	

DEMOGRAPHIC INFORMATION		
Date of Birth		☐ Baptismal Record with Date of Birth ☐ Birth Certificate ☐ DD-214 ☐ Driver's License ☐ Federal, State, Local Gov't, or Tribal ID Card Hospital Birth Record ☐ Passport ☐ Public Assistance/Social Service Record ☐ School Records/ID Card ☐ Work Permit Decree of Court ☐ Report of Transfer or Discharge Paper ☐ Cross-Match w/ State Agency Records ☐ Justice System Records ☐ Selective Service Registration ☐ Signed Letter from parent/guardian ☐ Medical Records ☐ Self-Attestation ☐ Family Bible ☐ A copy of source documentation or Attachment C WIOA Title I Telephone Verification and Document Inspection Form must be uploaded into VAWC.
Gender	☐ Male ☐ Female	
Registered for the Selective Service?	☐ Not Applicable ☐ Yes ☐ No	☐ Not Applicable ☐ Selective Service Acknowledgement Letter ☐ Selective Service Telephone Verfification (847) 688-6888 ☐ DD-214, Report of Separation ☐ Selective Service Status Information Letter ☐ Selective Service Registration Record (Form 3A) ☐ Selective Service Verification Form ☐ Stamped Post Office Receipt of Registration ☐ Selective Service Request for Registration ☐ Acknowledgement Letter ☐ Internet www.sss.gov – Screen printout ☐ Selective Service Registration Card ☐ For individuals who did not register with the Selective Service System by their 26th birthday or who believe they were exempt from registering both source documents from the following list: • Status Information Letter https://www.sss.gov/verify/sil/ AND • Self-attestation-signed statement that explains why theindividual's failure to register was not knowing and willful. A copy of source documentation or Attachment

		C WIOA Title I Telephone Verification and document Inspection Form must be uploaded into VaWC.
Selective Service Registration #		
Selective Service Registration Date		

Authorization to Work in US	☐ Citizen of U.S. or U.S. Territory ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted to the U.S. ☐ None of the Above	☐ Alien Registration Card (USCIS Forms I-151, I- 551, I- 94, I-668A, I-197, I-179) ☐ Baptismal Certificate with Place of Birth ☐ Birth Certificate ☐ DD-214 ☐ Food Stamps Records ☐ Foreign Passport Stamped Eligible to Work ☐ Hospital Birth Record ☐ Naturalization Certification ☐ Public Assistance Records ☐ United States Passport ☐ Native American Tribal Document ☐ Alien Registration Card Indication Right to Work ☐ Voter Registration Card ☐ Other Applicable Documentation (specify) ☐ E-Verify is an internet-based system that compares information on an I-9 form to records available to the US Department of Homeland Security and the Social Security Administration to confirm employment eligibility. E-Verify may be used as a data validation tool. https://www.e-verify.gov/
Considered to be of Hispanic Heritage?	☐ Yes ☐ No	
Race/Ethnicity	☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Hawaiian/Other Pacific Islander ☐ White ☐ I do not wish to answer.	
Considered to have a disability?	☐ Yes ☐ No	☐ Letter from drug/alcohol rehabilitation agency ☐ Letter from child study team stating specific disability ☐ Medical Records ☐ Social Service Records/Referral ☐ Physician's Statement ☐ Psychiatrist's Statement ☐ Psychologist's Diagnosis ☐ Rehabilitation Evaluation ☐ School Records ☐ Sheltered Workshop Certification ☐ Workers' Compensation Record ☐ Social Security Admin. Disability Records ☐ Veterans Administration Letter/Records ☐ Vocational Rehabilitation Letter ☐ Self-Certification ☐ Telephone Certification ☐ Observable and/or obvious conditions (Applicant Statement with the interviewer serving as the corroboration witness) ☐ Other Applicable Documentation (specify)

Type of Disability	☐ Physical Impairment ☐ Mental Impairment ☐ Individual did not disclose	
Transitioning Service Member?	☐ Yes ☐ No	
Type of Transitioning Service Member	☐ Not Applicable ☐ Within 24 months of retirement ☐ Within 12 months of discharge	
Estimated Discharge Date		

VETERAN INFORMATION		
Eligible Veteran Status	☐ Yes - <= 180 days ☐ Yes – Eligible Veteran ☐ Yes – Other Eligible Person ☐ No	☐ Self Attestation ☐ DD-214 ☐ Military Document (ID, other DD form) indicating dependent spouse ☐ VA records/printout ☐ Other Applicable Documentation (specify)
Served more than 1 tour of duty	☐ Yes ☐ No	
Military Service Entry Date		
Military Service Discharge Date		
Campaign Veteran	☐ Yes ☐ No	
Disabled Veteran	☐ Yes – Disabled ☐ Yes – Special Disabled (greater than 30%) ☐ No	
Recently Separated Veteran (within the last 48 months)	☐ Yes ☐ No	
Attended a Transition Assistance Program (TAP) workshop within the last 3 years	☐ Yes ☐ No	

EMPLOYMENT INFORMATION		
Employment Status	☐ Employed ☐ Employed – but received notice of termination of employment or military separation ☐ Not Employed	☐ Self Attestation ☐ UI Records ☐ Employer Contact ☐ Other Applicable Documentation (specify)
If Employed, Individual is Under-Employed	☐ Yes ☐ No	

Receiving Unemployment Compensation	☐ No – Neither Claimant nor Exhaustee ☐ Yes – Claimant Referred by RSO ☐ Yes – Claimant Not Referred by RSO ☐ Yes – Exhaustee ☐ Unknown	☐ UI Records (Benefit History, Wage Record) ☐ Other Applicable Documentation (specify)
Meets Long Term Unemployment Definition	☐ Yes ☐ No	
Current or Most Recent Hourly Rate of Pay		

Occupation of Most Recent Employment Prior to WIOA Participation		
Farmworker Status	☐ Farmworker ☐ Migrant ☐ Migrant Farmworker ☐ No	
Type of Qualifying Farmwork	☐ Agricultural Production and Services ☐ Food Processing Establishments	

DISLOCATED WORKER INFORMATION

Dislocated Worker Category	☐ Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation. ☐ Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings *or* the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation. ☐ Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the permanent closure of *or* substantial layoff at a plant, facility or enterprise. ☐ Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below. ☐ Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date. ☐ Category 6: Displaced Homemaker. An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income;	☐ 1 or 2: Separation Notice ☐ 1 or 2: UC Records ☐ 3: WARN Notice or letter of authorization from the State WIOA Administrative Department ☐ 4: Documentation of "General Announcement" ☐ 5: Receipt of Notice of foreclosure or intent to foreclose ☐ 5: Proof of failure of the farm, business or ranch to return a profit during preceding 12 months ☐ 5: Entry of individual into bankruptcy proceedings ☐ 5: Inability to make payments on loans secured by tangible business assets ☐ 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business ☐ 5: Other events indicative of the likely insolvency of the farm, ranch or business ☐ 6: Is verified in Barriers – Displaced Homemaker ☐ 7: Case file documents active duty Armed Forces spouse employment loss related to duty station change ☐ 8: Case file documents active duty Armed Forces spouse is unemployed/underemployed and having difficulty obtaining/upgrading employment. ☐ 1-8: Other Applicable Documentation (specify)

	or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed *and* is experiencing difficulty in obtaining or upgrading employment. ☐ Category 7: The spouse of a member of the Armed Forces on active duty, *and* who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member. ☐ Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed *and* is experiencing difficulty in obtaining or upgrading employment.	
Projected Layoff Date		
Actual Layoff Date (if date is in the future, leave empty)		
Attended a Group Orientation (Rapid Response)	☐ Yes ☐ No	
Dislocation Event		

Dislocation Employer Information	**Employer Name**	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Dislocation Hourly Wage	

EDUCATION INFORMATION		
Current Highest School Grade Completed (from Registration)	☐ No School Grade Completed ☐ 1st Grade Completed ☐ 2nd Grade Completed ☐ 3rd Grade Completed ☐ 4th Grade Completed ☐ 5th Grade Completed ☐ 6th Grade Completed ☐ 7th Grade Completed ☐ 8th Grade Completed ☐ 9th Grade Completed ☐ 10th Grade Completed ☐ 11th Grade Completed ☐ 12th Grade Completed & Did not Receive Diploma ☐ High School Equivalency Diploma ☐ High School Diploma ☐ 1 year at College/Technical/Vocational School ☐ 2 years at College/Technical/Vocational School ☐ 3 years at College/Technical/Vocational School ☐ Vocational School Certificate ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree ☐ Specialized Degree (e.g. MD, DDS)	☐ Self Attestation ☐ Copy of Diploma or GED ☐ School Records

Federally Reported Highest School Grade Completed	☐ 1 Elem./Sec. School Grades Completed ☐ 2 Elem./Sec. School Grades Completed ☐ 3 Elem./Sec. School Grades Completed ☐ 4 Elem./Sec. School Grades Completed ☐ 5 Elem./Sec. School Grades Completed ☐ 6 Elem./Sec. School Grades Completed ☐ 7 Elem./Sec. School Grades Completed ☐ 8 Elem./Sec. School Grades Completed ☐ 9 Elem./Sec. School Grades Completed ☐ 10 Elem./Sec. School Grades Completed ☐ 11 Elem./Sec. School Grades Completed ☐ 12 Elem./Sec. School Grades Completed ☐ Attained High School Diploma ☐ Attained GED or Equivalent ☐ Attained Certificate of Attendance/Completion ☐ Associate's Diploma or Degree ☐ 1 year of College/Vocational School Completed ☐ 2 years of College/Vocational School Completed ☐ 3 years of College/Vocational School Completed ☐ Bachelor's Degree or Equivalent ☐ Education Beyond a Bachelor's Degree	☐ Self Attestation ☐ Copy of Diploma or GED ☐ School Records

School Status	☐ In School – High School or Less ☐ In School – Alternative School ☐ In School – Post High School ☐ Not Attending School or HS Dropout ☐ Not Attending School ☐ High School Graduate	☐ School Records ☐ Attendance ☐ Drop-out Letter ☐ Applicant Statement or Attestation ☐ Other Applicable Documentation (specify)
Attending any School (per state definition)	☐ Yes ☐ No	☐ School Records ☐ Self Attestation ☐ Other Applicable Documentation (specify)

PUBLIC ASSISTANCE		
Individual or member of a family that is receiving, or in the past 6 months has received, the following:		
TANF	☐ Yes ☐ No	☐ Public assistance records/printout ☐ Copy of authorization to receive cash public assistance ☐ Copy of public assistance check ☐ Medical card showing cash grant status ☐ Public assistance information card showing cash grant status ☐ Statement from Social Service Agency ☐ Refugee Assistance Records ☐ Self-Certification Form ☐ Telephone Verification ☐ Other Applicable Documentation (specify)
Supplemental Security Income (SSI)	☐ Yes ☐ No	☐ Public assistance records/printout (SSI) ☐ Copy of authorization to receive cash public assistance (SSI) ☐ Copy of public assistance check (SSI) ☐ Medical card showing cash grant status (SSI) ☐ Public assistance information card showing cash grant status (SSI) ☐ Statement from Social Service Agency (SSI) ☐ Other Applicable Documentation (specify)
State or Local Income-Based Public Assistance (General Assistance)	☐ Yes ☐ No	☐ Public assistance records/printout ☐ Copy of authorization to receive cash public assistance ☐ Copy of public assistance check ☐ Medical card showing cash grant status ☐ Public assistance information card showing cash grant status ☐ Statement from Social Service Agency ☐ Other Applicable Documentation (specify)
Supplemental Nutrition Assistance Program (SNAP)	☐ Yes ☐ No	☐ Current authorization to obtain food stamps ☐ Current food stamp receipt ☐ Food stamp card with current date ☐ Letter from food stamp disbursing agency ☐ Postmarked food stamp mailer with applicable name and address ☐ Public assistance records/printout ☐ Self-certification ☐ Telephone Verification ☐ Other Applicable Documentation (specify)

☐
☐

Refugee Cash Assistance (RCA)	☐ Yes ☐ No	Public assistance records/printout Copy of authorization to receive cash public assistance ☐ Copy of public assistance check ☐ Medical card showing cash grant status ☐ Public assistance identification card showing cash grant status ☐ Statement from Social Service agency ☐ Refugee assistance ☐ Cross-match with public assistance database ☐ Other Applicable Documentation (specify)
Individual receives, or in the last 6 months received:		
Receiving Social Security Disability Insurance (SSDI)	☐ Yes ☐ No	☐ Public assistance records/printout ☐ Copy of authorization to receive cash public assistance ☐ Copy of public assistance check ☐ Medical card showing cash grant status ☐ Public assistance information card showing cash grant status ☐ Statement from Social Service Agency ☐ Refugee Assistance ☐ Cross-match with public assistance database ☐ Other Applicable Documentation (specify)
Individual currently meets the following:		
Receiving, or has been notified will receive, Pell Grant	☐ Yes ☐ No	

INDIVIDUAL BARRIERS		
English Language Learner	☐ Yes ☐ No	☐ Test Scores ☐ Staff Observation ☐ Other Applicable Documentation (specify)
Basic Skills Deficient	☐ Yes ☐ No	☐ Copy of any generally accepted standardized test ☐ School record of reading and/or math skills determined within the previous 12 months of application ☐ Other indication that the applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level ☐ Other Applicable Documentation (specify)

Homeless	☐ Yes ☐ No	☐ Written statement from shelter ☐ Written statement from an individual providing temporary assistance ☐ Written statement from Social Service agency ☐ Applicant Statement/Self Attestation, in limited cases ☐ Self-Certification ☐ Telephone Verification ☐ Other Applicable Documentation (specify)
Offender – individual has been arrested/convicted of a crime	☐ Yes ☐ No	☐ Police records ☐ Court documents ☐ Halfway house resident ☐ Letter of parole ☐ Letter from probation officer ☐ Applicant Statement/Self Attestation, in limited cases ☐ Self-Certification ☐ Telephone Verification ☐ Other Applicable Documentation (specify)

BARRIERS TO EMPLOYMENT		
Displaced Homemaker	☐ Yes ☐ No	☐ Divorce decree or legal separation ☐ Employer Statement ☐ Statement from family member or ex-spouse of non-support (Notarized) ☐ Applicant Statement and Unemployment Wage Record ☐ Applicant Statement ☐ Public Assistance Records ☐ Applicant Statement of the continuous effort to seek employment and a recent job search that shows a minimum of ten (10) employer contacts documenting that a reasonable effort has been made to obtain employment ☐ In depth assessment with Case Manager ☐ Other Applicable Documentation (specify)
Within 2 years of exhausting TANF lifetime eligibility	☐ Yes ☐ No	
Hawaiian Native	☐ Yes ☐ No	
American Indian/Alaskan Native	☐ Yes ☐ No	
Single Parent (including single pregnant women)	☐ Yes ☐ No	
Individual facing substantial cultural barriers	☐ Yes ☐ No	
Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i)	☐ Yes ☐ No	
Meets Governor's special barriers to employment	☐ Yes ☐ No	

INCOME INFORMATION		
Due to the individual's disability, they qualify as a Family of 1	☐ Yes ☐ No	

Family Size	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15	☐ Public Assistance/S.S. Agency Records ☐ Birth Certificate ☐ Decree of court ☐ Disabled ☐ Divorce Decree ☐ Landlord Statement ☐ Lease ☐ Marriage Certificate ☐ Medical Card ☐ Most recent tax return supported by IRS documents (e.g. form letter 1722) ☐ Public housing letter (if resident or waiting list) ☐ Written statement from a publicly supported 24-hour care facility or institution (e.g. mental, prison) ☐ Applicant Statement/Self Attestation, in limited cases ☐ Telephone Verification ☐ Other Applicable Documentation (specify)
Annualized Family Income		☐ Alimony Agreement ☐ Unemployment Insurance documents and/or printout ☐ Award letter from Veterans Administration ☐ Bank statements (direct deposit) ☐ Compensation award letter ☐ Court award letter ☐ Employer statement/contact ☐ Farm or business financial records ☐ Housing authority verification ☐ Pay stubs ☐ Pension/Annuity statement ☐ Public Assistance Records ☐ Quarterly estimated tax for self-employed persons (Schedule C) ☐ Social Security Benefits ☐ Telephone Verification ☐ Applicant Statement/Self Attestation, in limited cases ☐ Business Financial Records ☐ Workers' Compensation Records ☐ Other Applicable Documentation (specify)

APPLICANT CERTIFICATION

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

_____

Signature of WIOA Applicant ***Date***

I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

_____

Signature of WIOA Case Manager ***Date***

I certify that I have reviewed the source document(s) indicated or have made contact with the individual listed to verify eligibility of this customer.

_____

Signature of Eligibility Reviewer ***Date***

Supplemental Income Verification

List all members of the family who have had income in the past 6 months.

Family Member	Source/Type of Income	Excluded Income	Included Income

Total Income 6 Months: _____

Annualized Income: _____

Comments:

_____

_____

_____

_____

_____