

***Please bring all required documents and completed forms to the initial meeting. If you are unable to print the WIOA Intake Packet from home, visit the Virginia Career Works center. All required documents and completed forms must be provided at your scheduled meeting or you will need to reschedule for a later date.***

***All individuals must be registered on the VAWC ([www.vawc.virginia.gov](http://www.vawc.virginia.gov)) website prior to initial meeting.***

**ALL applicants must provide the applicable documents below:**

- 1. Social Security Card
- 2. Driver's License/Government ID (e.g. DMV ID)
- 3. Proof of US Citizenship or Legal authorization to work in the US  
*(birth certificate, passport, INS card, valid work permit—should be valid for at least one year)*
- 4. HS Diploma, GED, or Degree
- 5. Current Resume
- 6. Pre-Application
- 7. Participant Responsibility Form

**IF APPLICABLE:**

- 8. Selective Service Registration verification or status letter (for males born after 1960) – [sss.go](http://sss.go)
- 9. Veteran Status (DD214, military ID)

**Please refer to page 2 for additional eligibility documentation requirement details.**

## Enrollment Requirements for the Youth Program

<i>Please provide documents for one of the following.</i>	<b>and</b>	<i>Please provide documents for one of the following.</i>
<p><input type="checkbox"/> <b>Public Assistance Verification</b>  <i>Food Stamp Notification Letter, TANF Verification</i>  <i><b>Note:</b> If you are receiving public assistance, you do NOT need to bring the documents listed below</i></p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> <b>Income Verification</b>  <i>6-months of pay stubs, bank statements, alimony statement, SSI/SSDI statement, etc. of <u>ALL</u> family members in the household <u>who were working</u> during the last 6 months</i></p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> <b>Family Size Verification</b>  <i>Most recent tax return, lease, etc.</i></p>		<p><input type="checkbox"/> <b>Verification of Disability</b>  <i>Letter from DARS or Disability Agency or Doctor's (Physician, Psychiatrist, Psychologist) or rehabilitation agency letter regarding disability.</i></p> <p><input type="checkbox"/> <b>Verification of Homelessness/Runaway</b>  <i>Letter from shelter, etc.</i></p> <p><input type="checkbox"/> <b>Verification of Offender Status</b>  <i>Court Records, background documentation/report, letter of parole, letter from probation officer/re-entry representative</i></p> <p><input type="checkbox"/> <b>Verification of Supported Foster Child</b>  <i>Court documentation, Statement of state/local agency, etc.</i></p> <p><input type="checkbox"/> <b>Verification of Pregnant/Parenting</b>  <i>Birth certificate of child, hospital record of birth, statement from social service agency, etc.</i></p> <p><input type="checkbox"/> <b>Verification of Basic Skills Deficiency</b>  <i>Scores from standardized testing, school records, etc.</i></p> <p><input type="checkbox"/> <b>Verification of School Drop-Out</b>  <i>School records, etc.</i></p> <p><input type="checkbox"/> <b>Verification of English Language Learner</b>  <i>Scores from standardized testing, school records, etc.</i></p>

*The Virginia Career Works Bay Consortium Region is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD: VA Relay Center: 711 or 800.828.1120. This workforce product was 100% supported with U.S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act funds awarded to the Bay Consortium Workforce Development Board (AA-36350-21-55-A-51). This does not necessarily reflect the official position of the VCCS or DOLETA.*



## WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAMS PRE-APPLICATION

The information that you provide on this application is *confidential* and will be used by the Workforce Innovation and Opportunity Act (WIOA) programs to pre-screen for eligibility purposes.

**Date:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**Previous Occupation:** \_\_\_\_\_

**Desired Occupation:** \_\_\_\_\_

### GENERAL INFORMATION

<b>Name:</b>	<b>Last 4 of SSN:</b>
<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Alternate Phone:</b>
<b>Email Address:</b>	
<b>Date of Birth:</b>	<b>County of Residence:</b>
<b>Age:</b>	<b>Gender:</b> M                      F
<b>Marital Status:</b>	<b>Race:</b>
Single Married Separated Divorced Widowed	White Asian African American Hawaiian/Pacific Islander American Indian/Native Alaskan Other

### EDUCATION (check all that apply)

HS Diploma	or	GED	<b>If neither, last grade completed:</b>
Vocational School		Major:	
Certificate Program		Major:	
Associate's Degree		Major:	
Bachelor's Degree		Major:	
Master's Degree		Major:	
PhD Degree		Major:	
<b>Are you currently in school?</b>			
	Yes	No	<b>If yes, where?</b>
<b>Are you interested in furthering your financial literacy?</b>			
	Yes	No	

**EMPLOYMENT**

**Currently Employed?**      Yes      No

**Please provide us with the most recent or current place of employment.**

**Employer Name:**

**Job Title:**

**Start Date:**

**End Date:**

**Pay Rate:**

**Hours Per Week:**

**Is this Job Secure?:**      Yes      No

**If no, why not?:**

**OTHER INCOME**

**Please check all sources of income and financial assistance (applied for or receiving). Information will be verified.**

TANF	Amount:	SNAP	Amount:
Unemployment	Amount:	Child Support	Amount:
Social Security Disability	Amount:	Social Security Survivors	Amount:
Workers Compensation	Amount:	Alimony	Amount:
Social Security Retirement	Amount:	College Scholarships	Amount:
Military Pay	Amount:	Refugee Cash Assistance	Amount:
SSI	Amount:	Veteran's Assistance	Amount:

**FAMILY INCOME**

**Please list the name of all family members presently living in the home.**

Family Member	Age	Relationship	Employed in the last 6 months?		If so, estimated total amount earned?
			Yes	No	
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$

**OTHER INFORMATION**

**Please check all that describes your situation.**

Homeless	Ex-Offender	Foster Care	Pregnant
Parenting	English Language Learner	Disability	Veteran
Single Parent	No Work History	Substance Abuse	Lacks Skills/Training

***I hereby certify that all of the information is correct to the best of my knowledge.***

Signature:

Date:

**Virginia Career Works - Fredericksburg  
Workforce Innovation and Opportunity Act (WIOA)  
PARTICIPANT RESPONSIBILITY FORM**

*Review the information below and sign to acknowledge your understanding. The WIOA staff will answer any questions on the information below during your scheduled screening.*

**Enrollment Requirements**

Requirements are outlined in the WIOA information session and on Page 2 of the WIOA Enrollment Packet. Documents will be collected to verify eligibility prior to enrollment.

**Program Objectives**

*The goal of the WIOA Program is employment.* WIOA Career Services Specialist will connect participants with job referrals, workshops, job fairs, and possibly training to assist in reaching this goal.

**Responsibilities of participants**

Participants are responsible for maintaining monthly contact with their Career Services Specialist and notifying Career Services Specialist of anything affecting employment or services being provided while in the program. If a participant does not meet with their Career Services Specialist for more than thirty (30) days during enrollment, the WIOA case will be closed and they may not be eligible for enrollment in the future.

**Length of participation**

Program participation varies based on the employment and training needs of each client but is usually less than one year.

**Vocational Guidance**

WIOA Career Services Specialist will provide vocational guidance to include review of Labor Market Information (LMI) to identify in-demand jobs and will discuss services needed to assist participants in finding employment.

**Individual Employment Plan (IEP)**

Participants will work with their WIOA Career Services Specialist to create an Individual Employment Plan (IEP) outlining the services needed to find employment and to act as a guide while in the program.

**Assessments**

Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by Career Services Specialist.

**Validation of employment or employment verification**

Participant will provide Career Services Specialist validation of employment once obtained to include paystubs, offer letter, or bank statements (if applicable).

**☐ Training and/or Work Experiences**

After completing assessment(s), IEP, and job development, if applicable, participants can request training if determined appropriate. Training must be in-demand based on LMI and take into consideration participant's experience, education, and skills. Training providers and courses must be listed on the Eligible Training Provider List (ETPL) and should be completed in less than one year. Trainings should be related to an industry-recognized credential that will assist participants in meeting employment goals as outlined in the IEP.

**Work experiences must align with the outlined goals in the participants IEP and career interests.**

The following must be completed **PRIOR** to starting training or work experience:

*Promise To Pay* – A signed authorization form must be completed by the WIOA Career Services Specialist and signed by the Career Services Coordinator to approve training. *This will be sent directly to participant's chosen training provider.* The Career Services Specialist will give the go ahead for participant to enroll in training. If the training is enrolled in and/or taken without signed approval, the participant will be responsible for payment.

*Work Experience Negotiations* - Details of work experience will be negotiated between the employer, participant and staff prior to start of paid work experience.

The following must be completed **DURING** training or work experience:

*Keep In Touch* – Participants will provide status updates while in training and provide copies of any transcripts or certificates received. Participant will inform Career Services Specialist of any changes, concerns, or supports needed during training.

The following must be completed **AFTER** training or work experience:

*Credential* – Upon successful completion of training, participant will complete at least one of the required industry-recognized licenses or credentials and provide verification to Career Services Specialist.

*Follow-Up* – Participant will be contacted once a month by the Follow-up Specialist for an update on status. During that time, if participant's employment status changes, job development services will be available.

**I UNDERSTAND THE ABOVE WIOA REQUIREMENTS AND PROVISIONS.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WIOA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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