



# Workforce Innovation and Opportunity Act NOC COG Youth Intake

### Veteran Status

Are you a Veteran: Yes  No  Spouse of a Veteran: Yes  No  Caring for a wounded Warrior: Yes  No   
 \*Registered for Selective Services: Yes  No  Exempt  Registration Number: \_\_\_\_\_

### Intake Info

Last Name:	First Name:	MI:
S.S. #:	*Date of Birth:	Age:
Street Address:	City, State:	Zip:
Apt:	Phone:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
E-mail:		Alternative Phone:
Emergency Contact Name:		Phone:
I am Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Seasonal/Farm Worker Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Check one below if Yes)</i> <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Migrant Food Processor <input type="checkbox"/> Migrant Seasonal Farm Worker

### Race/Ethnic Group

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

### \*Citizenship Status

US Citizen: Yes  No  Refugee: Yes  No  Parolee: Yes  No   
 Legal Resident Alien: Yes  No  Other Citizen Status: Yes  No

### Education Status

Currently Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/>	(If Yes) Name of School: _____
GED: Yes <input type="checkbox"/> No <input type="checkbox"/>	H.S. Diploma : Yes <input type="checkbox"/> No <input type="checkbox"/>
Highest Grade Completed, Including College: _____	Degree/ Diploma Obtained: _____

### Key Details

Are you an out of school youth: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a high school dropout: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a runaway youth: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a homeless youth: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or have you ever been in foster care: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you involved in the court system: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a child of an incarcerated parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a migrant youth: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Indian or Native American: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a youth with disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>

Out-Of-School Youth please check all barriers that apply (* check and attached documentation)	In-School Youth please check all barriers that apply (*check and attached documentation)
School dropout at the date of participation	Basic Skills deficient
Youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter	Homeless individual, homeless child or youth, runaway or foster care or has aged out of the foster care system
Homeless, runaway, or foster child	Offender
Pregnant or parenting youth	English learner
Individual with a disability	Pregnant or parenting youth
Individual subject to the juvenile or adult justice system	Individual with a disability
(Low Income )Individual who is a recipient of a secondary school diploma or its recognized equivalent, and: <input type="checkbox"/> Basic Skills deficient, or English language learner <b>Must also Complete Income Section</b>	Requires additional assistance to complete an educational program or to secure or hold employment <i>(No more than 5% of youth served can fall under this barrier)</i>



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**In-School Youth please complete the section below**

Dependent Youth					Yes	NO	
Are you under 18 years of age, living with parents or guardians, and you are receiving support from them?							
Are you age 18-24 and parents(s) or guardians (s) pay for more than 50% of your support?							
<i>If youth answered yes to any of the above questions he/she is considered a dependent of his/her parent/guardian. All household income will need to be provided below.</i>							
* Income Statement							
Participant	Relationship	Age	Income Source	6 Months Gross Income			
	<b>Self</b>			\$			
Family Members	Relationship	Age	Income Source	6 Months Gross Income			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
<b>Family Size:</b>	<b><i>*Income documentation will need to be provided for the past 6 months for each family member* *Please note some types of income may be exempt*</i></b>					<b>Total: \$</b>	
Family Receives Cash Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>			Family Receives Food Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>				
\$	/ Month		\$	/ Month			

***\*Indicates documentation required for eligibility***

**Certification**

I certify to the best of my knowledge the information above is accurate and true. I understand that all information is subject to verification through the Geauga County Department of Job and Family Services and that falsification shall be grounds for termination and may subject the applicant to prosecution under the law. I further understand that providing this information does not guarantee my eligibility in WIOA programs.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Case Manager Signature

\_\_\_\_\_  
Date

**Parental/Guardian Consent** (if youth is under the age of 18 years old)

I, Parent/Guardian give consent for the above youth to participate in local WIOA employment and/or other WIOA activities.

\_\_\_\_\_  
Parent/Guardian's Name, PRINT

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date