



Initial Eligibility Application WIOA / GAP / PACE / Parenting Student Grant



What program are you applying for? **WIOA** **GAP** **PACE** **Parenting Student Grant**

I. GENERAL INFORMATION

Name (Last, First, Middle Initial):			Social Security Number:	
Address:			Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared	
City:	State:	Zip:	Date of Birth (MM/DD/YY):	Age:
County:	Phone Number:		Ethnicity Hispanic/Latino: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undeclared	

Email Address: _____

Emergency Contact (Name and Phone): _____

Race (Check all that apply):

<input type="radio"/> Native American or Alaskan Native	<input type="radio"/> Pacific Islander/Native Hawaiian	<input type="radio"/> White
<input type="radio"/> Asian/Asian American	<input type="radio"/> Black/African American	<input type="radio"/> Undeclared

U.S. Citizen: YES NO Are you registered with Selective Service? YES NO

If you are NOT a US citizen, are you authorized to work in the US? <input type="radio"/> YES <input type="radio"/> NO	If yes, provide a copy of alien registration documentation, including: Registration Number: _____ Expiration Date: _____
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Is English your native language? Yes No

Seasonal/Migrant Worker: No Migrant food processor
 Seasonal farm worker Migrant farm worker

II. PERSONAL INFORMATION

Employment status at time of application:

- Employed (includes any work as a paid employee, any work for your own business, any unpaid work in a family business, and a job from which you have temporarily been absent)
- Employed, but received notice of termination of employment or military separation
- Not employed

Unemployment compensation eligible status:
 Claimant (NOT referred by WPRS) Exhaustee Neither claimant or exhaustee

Are you: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	How many dependents do you have under the age of 18 in your household?
How many people (including yourself) are in your household that are related to you by blood, marriage, or decree of court ?	

Please list all household members and income, if applicable. Name/Relationship/Age	Monthly Income	Income Type* (Wages, Self-Employment, Social Security, Disability, Child Support, Interest/Dividends)

*If no household income is listed, please provide an explanation of how your living expenses are being met:

Are you...

Pregnant?	<input type="radio"/> YES	<input type="radio"/> NO	A displaced homemaker?	<input type="radio"/> YES	<input type="radio"/> NO
A single parent?	<input type="radio"/> YES	<input type="radio"/> NO	A victim or witness of violence or other abuse?	<input type="radio"/> YES	<input type="radio"/> NO
A high school drop out?	<input type="radio"/> YES	<input type="radio"/> NO	Homeless?		
In danger of dropping out?	<input type="radio"/> YES	<input type="radio"/> NO	If yes, do you live in a shelter?	<input type="radio"/> YES	<input type="radio"/> NO
A runaway?	<input type="radio"/> YES	<input type="radio"/> NO	Are one or both of your parents incarcerated?	<input type="radio"/> YES	<input type="radio"/> NO
A migrant or seasonal farm family member?	<input type="radio"/> YES	<input type="radio"/> NO			
A foster child?	<input type="radio"/> YES	<input type="radio"/> NO			

Do you have...

Chronic behavior problems?	<input type="radio"/> YES	<input type="radio"/> NO	Limited English proficiency?	<input type="radio"/> YES	<input type="radio"/> NO
History of family literacy problems?	<input type="radio"/> YES	<input type="radio"/> NO	A lack of occupational skills/goals?	<input type="radio"/> YES	<input type="radio"/> NO
A substance abuse problem?	<input type="radio"/> YES	<input type="radio"/> NO	Any chronic problems or disabilities?	<input type="radio"/> YES	<input type="radio"/> NO

Have you ever been convicted of a misdemeanor? If yes, please list: YES NO

Have you ever been convicted of a felony? If yes, please list: YES NO

III. VETERAN STATUS

Veteran Status:

- NO (If no, continue to Section IV.)
- YES, Served Active Duty less than or equal to 180 days & had other than dishonorable discharge/release
- YES, Eligible Veteran who served active duty for over 180 days & had other than dishonorable discharge/release
- YES, Other Eligible Person

Campaign Veteran:

- YES, eligible Veteran who received a campaign badge or expeditionary medal, listed by OPM, for service
- NO

Disabled Veteran:

- YES, Disabled Veteran (Service-connected disability resulting in release from active duty and/or entitlement to compensation. Disability rated between 0% and 30%.)
- YES, Special Disabled (Rated at 30% or more or 10-20% and determined by DVA to have serious employment handicap.)
- NO

Transitioning Service Member:

- YES, Active military status currently and either within 24 months of retirement or 12 months of separation from armed forces
- NO

Date of military separation (MM/DD/YY):

Have you attended a Transition Assistance Program (TAP) workshop within the past three years? YES NO

IV. SPOUSES OF VETERANS

- NO (If no, continue to Section V.)
- YES, Veteran who died of a service-connected disability

YES, Member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:

- Missing in Action
- Forcibly detained or interned in line of duty by a foreign government or power
- Captured in line of duty by a hostile force

YES, Veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veterans Affairs

YES, Veteran who died while a disability, as indicated above, was in existence.

V. DISABILITY STATUS

Disability:

- NO (If no, continue to Section VI.)
- YES, physical or mental impairment that limits one or more major life activity
- Undeclared

Category of Disability:

- Physical impairment (including mobility and sensory impairments)
- Mental impairment (including cognitive and learning impairments)
- BOTH physical and mental impairments
- Undeclared

If yes: Barrier to employment Not a barrier to employment

Do you have an Individual Education Plan (IEP)? (YOUTH ONLY) YES NO

VI. EDUCATION STATUS AND LANGUAGE SKILLS

Current Education Status:

- Not enrolled Attending HiSET classes
- Attending High School Attending post-secondary training

Are you currently a full-time student at Indian Hills Community College? YES NO

If yes, academic program: _____

If yes, are you currently receiving a Pell Grant? YES NO

If no, are you planning to attend school within the next four months? YES NO

What is your program of interest? _____

Highest Education Completed:

- Did not obtain HS diploma or equivalent; highest grade completed: _____
- Attained High School Diploma Attained Associate's Degree
- Attained GED or equivalent Attained Bachelor's degree
- Attained other post-secondary degree or certification Education beyond Bachelor's degree

TABE Scores: Reading: _____ Math: _____ CASAS Score: _____

VII. INVOLVEMENT WITH OTHER AGENCIES

Within the last **six months**, have you received the following:

Family Investment Program (FIP)?	<input type="radio"/> YES <input type="radio"/> NO	General Assistance or Refugee Cash Assistance?	<input type="radio"/> YES <input type="radio"/> NO
Supplemental Security Income (SSI)?	<input type="radio"/> YES <input type="radio"/> NO	Food stamps (SNAP)?	<input type="radio"/> YES <input type="radio"/> NO
Social Security Disability Insurance (SSDI)?	<input type="radio"/> YES <input type="radio"/> NO	Free/Reduced Lunch?	<input type="radio"/> YES <input type="radio"/> NO
		Foster care? Type: _____	<input type="radio"/> YES <input type="radio"/> NO

Please indicate any **current or previous** program involvement:

_____ Vocational Rehabilitation	Contact person: _____
_____ Veterans' Administration	_____
_____ Promise Jobs	_____
_____ Workforce Innovation Opportunity Act	_____
_____ Trade Act	_____
_____ Proteus	_____

_____ Probation/Parole _____

_____ Work Release _____

_____ County Relief _____

_____ GAP/PACE _____

VIII. EMPLOYMENT-RELATED INFORMATION

Would you like your resume viewable on IWD's website? <input type="radio"/> YES <input type="radio"/> NO	Are you willing to relocate for work? <input type="radio"/> YES <input type="radio"/> NO
What is your work availability? Check all that apply. Full-Time _____ Part-time _____ Seasonal _____ Temporary _____	
What shift(s) are you available to work? Check all that apply. Day _____ Evening _____ Night _____ Rotating _____ Split _____	
Will you work on Saturdays? <input type="radio"/> YES <input type="radio"/> NO Sundays? <input type="radio"/> YES <input type="radio"/> NO	What is the minimum hourly wage you will accept?

IX. BARRIERS TO EMPLOYMENT AND/OR EDUCATION

Do you have a driver's license? <input type="radio"/> YES <input type="radio"/> NO	Do you have steady housing? <input type="radio"/> YES <input type="radio"/> NO
Do you have access to reliable transportation? <input type="radio"/> YES <input type="radio"/> NO	
If applicable, do you have access to reliable safe childcare? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO	
Do you anticipate a need for assistance with bills? <input type="radio"/> YES <input type="radio"/> NO	
Do you have a reliable source of communication (cell phone, email, etc.)? <input type="radio"/> YES <input type="radio"/> NO	
Are you able to perform the essential functions of this program/career with or without reasonable accommodations? <input type="radio"/> YES <input type="radio"/> NO	
What other barriers do you think might prevent your success in the program? Please explain: _____ _____	

X. EMPLOYMENT HISTORY (Starting with the most recent.)

Name of business:	Location (City, State):	
From (MM/DD/YYYY):	To (MM/DD/YYYY):	Petition Number (TRADE ONLY):
Have you received a termination notice/letter? <input type="radio"/> YES <input type="radio"/> NO	Full-Time _____ Part-time _____ Seasonal _____	Anticipated layoff date, if applicable:
Type of separation: N/A _____ Total _____ Partial _____ Threatened _____	Last hourly wage rate:	Number of hours worked during last full week of work:
Reason for separation: Lack of Work _____ Other (Specify) _____	If reason for separation was for other than lack of work, explain:	
Last job title:	Job duties:	

Name of business:	Location (City, State):	
From (MM/DD/YYYY):	To (MM/DD/YYYY):	Petition Number (TRADE ONLY):
Have you received a termination notice/letter? <input type="radio"/> YES <input type="radio"/> NO	Full-Time _____ Part-time _____ Seasonal _____	Anticipated layoff date, if applicable:
Type of separation: N/A _____ Total _____ Partial _____ Threatened _____	Last hourly wage rate:	Number of hours worked during last full week of work:
Reason for separation: Lack of Work _____ Other (Specify) _____	If reason for separation was for other than lack of work, explain:	
Last job title:	Job duties:	

Name of business:		Location (City, State):	
From (MM/DD/YYYY):		To (MM/DD/YYYY):	Petition Number (TRADE ONLY):
Have you received a termination notice/letter? <input type="radio"/> YES <input type="radio"/> NO	Full-Time ____ Part-time ____ Seasonal ____	Anticipated layoff date, if applicable:	
Type of separation: N/A ____ Total ____ Partial ____ Threatened ____	Last hourly wage rate:	Number of hours worked during last full week of work:	
Reason for separation: Lack of Work ____ Other (Specify) ____	If reason for separation was for other than lack of work, explain:		
Last job title:	Job duties:		

Applicant Information Certification

- * I give this information to support my request for a determination of eligibility for WIOA, GAP, and/or PACE services.
- * I certify that the information in this application is true and correct including the citizenship status information. If this information is found to be incorrect, I understand that I will be responsible for any overpayment and penalty made as a result of that incorrect information and that I may be prosecuted for fraud.
- * I understand my criminal and driving record will be reviewed during eligibility review, and the findings may impact enrollment and/or assistance available.

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regards to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

SIGNATURE OF APPLICANT		DATE	
Parent/Legal Guardian (If applicant is under age 18): I certify by my signature below that the information provided in this application is correct to the best of my knowledge and that, if accepted, my dependent may participate in employment and training programs.			
SIGNATURE OF PARENT/LEGAL GUARDIAN		DATE	

Non-Discrimination Policy: *It is the policy of Indian Hills Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family, or marital status in its programs, activities, or employment practices as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).*

If you have questions or complaints related to compliance with this policy, please contact Kristen Parks, Director of Human Resources/Equity Coordinator, 525 Grandview Ave, Ottumwa, IA 52501, 683-5108; Chris Bowser, Executive Dean, Student Services (students), 683-5159; Darlas Shockley, Executive Dean, Arts & Sciences (students with disabilities), 683-5174; U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730- 1576.



Release of Information

Please print clearly:

Name (First and Last)
Social Security Number

By completing this form, I give permission for Indian Hills Community College's GAP/PACE program staff members to have access to wage information provided by IowaWORKS.

Documentation of household income is required to determine eligibility for GAP and/or PACE participation.

Signature and Date