

**CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION****SEEKER ID**

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Emergency Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Date of Birth	Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	

**Demographic & Education Information****1. What is your ethnicity?**
 Latino  Not Latino  Prefer not to answer
**2. Citizenship: (check all that apply)**
 US Citizen

 Registered Alien

 Refugee

 Other Legal Alien

 Other
**3. What is your race? (check all that apply)**
 Black/African American  White

 Asian

 American Indian / Alaska Native

 Hawaiian Islander / Other Pacific Islander

 Other
**4. Are you legally restricted from using a computer?**
 Yes  No
**5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:**

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?

 Yes  No

If YES, provide name: \_\_\_\_\_

**6. What is your education level?**
**Highest grade completed:** \_\_\_\_\_

- 
- Current high/junior high school student
- 
- 
- Withdrew from high school, no HS diploma
- 
- 
- Completed 12
- <sup>th</sup>
- grade, but no HS diploma
- 
- 
- Obtained certificate of equivalency for high school diploma
- 
- 
- High school graduate
- 
- 
- Some post high school education, no degree
- 
- 
- College degree:
- 
- Associate
- 
- Bachelor
- 
- Masters/Prof.

**7. Do you have work experience in Agriculture within the last 12 months?  Yes  No****8. What is your education status?**

- 
- I am not a student
- 
- 
- I am a student at a college or technical school
- 
- 
- I am a student in a HS equivalency program
- 
- 
- I am a high school student, at grade level
- 
- 
- I am a high school student, behind grade level

**9. Have you served in the US Military?  Yes  No**
 If YES, what are your active duty dates:  
 to \_\_\_\_\_
**10. Are you a Spouse of a Veteran?  Yes  No****11. Are you a Homeless Veteran?  Yes  No****12. Do you hold a valid Driver's License?  Yes  No**

If YES, Type/Class:

 Non-Commercial (D)

or

 CDL:  A;  B;  C
**Part A. WIOA Information****1. Are you interested in an Apprenticeship?**
 Yes  No
**2. Have you registered for Selective Service (for males 18 or older)?  Yes  No  Exempt**

If YES, SSR #: \_\_\_\_\_

**3. Are you enrolled in ASPIRE?  Yes  No****4. Have you received OWF for one or more years?**
 Yes  No
**11. Have you taken a recent math/reading assessment?**
 Yes  No
**12. Do you use recreational drugs or drink regularly?**
 Yes  No
**13. Are you a single parent?  Yes  No****14. What is your native or primary language? \_\_\_\_\_****15. Do you think you have a cultural barrier that might hinder employment?  Yes  No****16. Are you homeless?  Yes  No**

<p>5. Are you a public assistance recipient (cash/food)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>8. Do you have a disability?  <input type="checkbox"/> Yes    <input type="checkbox"/> No  If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>17. Are you involved or were you involved in the juvenile court or adult justice system?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>19. Are you pregnant?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**WIOA Income Eligibility (If needed)** - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older\*.

Do you provide more than 50% of your own support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married or separated but not divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

Household Members Average Monthly Income for the past ( ) months				
Name	Age	Relationship	Hourly / Weekly Wage	Average Monthly Income
		Self		
Total				

**Part B. TANF Funding Eligibility** - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment?  Yes  No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance?  Yes  No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP?  Yes  No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
Total			

5. Do you have a child under age 18 or 18 who is attending high school full-time?  Yes  No  
 Number of children \_\_\_\_\_ Oldest child age \_\_\_\_\_
6. Are you one of the following (*check all that apply*):  a minor child (including age 18 attending high school full-time);  a parent, specified relative, legal guardian or legal custodian of a minor child;  a non-custodial parent;  a pregnant individual; or  an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote?  Yes  No  N/A (age 16 or under)

**Acknowledgement**

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

**Parent/Guardian Signature:**

Parent/Guardian Signature ( <i>If applicant is under age 18**</i> )	Date
Applicant Signature	Date

**TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:**

**WIOA Funding Eligibility Determination:**

Is the individual  In-School (ages 14-21) **OR**  Out-of-School (ages 16-24)

**Does the youth need to be low income based on their school status and/or barriers to employment/education?**

Yes  No

**If youth needs to be low-income**, do they meet this requirement *(if youth has disability, only the youth's income is counted)*?  Yes *(Check all that apply)*  No

- [At or below 100% of FPL](#)
- [At or below 70% lower living standard \(LLSIL\)](#). Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance
- Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)
- Lives in a high-poverty census tract/area.
- Foster Child
- Homeless
- 5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)

**If in-school**, is the individual *low-income* and do they have at least one of the documented barriers to employment?

Yes *(Check all that apply below)*  No

- Is basic skills deficient
- Is an English language learner
- Is an offender
- Is a homeless individual, homeless child or youth, or a runaway (Describe: \_\_\_\_\_)
- Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption
- Is pregnant or parenting
- Is an individual with a disability
- Needs additional assistance to complete an educational program or to secure or hold employment *(check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months)* Applicable policy:  
\_\_\_\_\_

**If out-of-school**, does the individual have at least one of the below documented barriers to employment?

Yes *(Check all that apply below)*  No

- School dropout
- School age youth that has not attended school for *at least* the most recent school quarter
  - Individual subject to the juvenile or adult justice system
  - Homeless/Runaway
  - Foster Care/aged out of foster care
  - Pregnant/parenting
  - Disabled
  - Needs additional assistance and *is low-income* as defined by your local area policy and is low-income *(check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months)* Applicable policy:  
\_\_\_\_\_

Youth who received HS diploma or equivalent, *is low-income* and is:

- English language learner
- Basic Skills deficient

Is the individual authorized to work in the United States?  Yes  No

If the individual is a male over age 18, has he registered for Selective Service?  Yes  No

What is the documented reason for youth eligibility? *(Select one)*

- Family Assistance (SNAP/TANF/SSI) received in past six months
- Family income does not exceed poverty line or 70% of LLSIL
- Homeless, Homeless child/youth
- Received or eligible to receive free/reduced lunch
- In foster care or aged out of foster care
- Individual with a disability
- Living in a high poverty area
- 5% low-income exception

Youth barriers documentation:

- Is basic skills deficient
- Is an English language learner
- Is an offender
- Is a homeless individual, homeless child or youth, or a runaway
- Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?
- Is pregnant or parenting
- Is an individual with a disability
- Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*)

**WIOA Funding Eligibility Decision:**

- WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)
- 5% low-income exception for WIOA
- 5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)  
*Describe:* \_\_\_\_\_
- WIOA Out-of-School Youth Program eligible – low income not required
- WIOA Out-of-School Program eligible (*low income required and barrier(s):* \_\_\_\_\_)
- Eligible In-School Youth;     Eligible Out-of-School Youth;
- or
- Ineligible for WIOA Funding

Signature of WIOA Eligibility Staff

Date

**TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:**

**TANF Funding Eligibility Determination:**

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment?  Yes     No    **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income under 200% of the Federal Poverty Guidelines? Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination.     Yes     No

Does the individual have a child under age 18?     Yes                       No

Is the individual one of the following (*check all that apply*):  a minor child;  a parent, specified relative, legal guardian or legal custodian of a minor child;  a non-custodial parent;  a pregnant individual; or  an individual age 18-24 that is part of a family that includes a minor child?     Yes                       No

**TANF Funding Eligibility Decision:**

- TANF Funding Eligible;  OWF work eligible;  OWF volunteer;  PRC
- or
- Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

**\*\* If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.**

## WIOA Summary of Complaint Rights: Lake County Complaints: (440) 350-4306

I hereby acknowledge that I have reviewed this summary of rights and the recipient's equal opportunity/nondiscrimination policy statement.

WIOA complaint procedures are for program applicants/registrants, participants, Local Workforce Investment Areas (LWIOAs) and their sub recipients/providers, labor unions/joint labor/management committees, community-based organizations or any individual or organization wishing to file a WIOA based complaint. Complaints must be reduced to writing. They may be filed by mail (regular or electronic) or in person by the Complainant or his/her authorized representative. Please contact OMJ Lake County at (440) 350-4306. Lake County Department of Job and Family Services LWIOA grant recipient. 177 Main Street, Painesville, OH 44077. Address Phone Programmatic Complaints LWIOA grant recipient level: Persons who wish to file programmatic complaints have ONE YEAR from the date of the incident or alleged unfair treatment to do so. It is recommended, however, that a complaint be filed within TEN (10) DAYS of the incident/treatment. The Equal Opportunity Officer shall be available to provide assistance to the Complainant WITHIN TEN (10) CALENDAR DAYS of the filing of the complaint, an INFORMAL CONFERENCE will be held to attempt resolution of the complaint. If no resolution is reached, the Complainant will be given written notice of his/her right to REQUEST A HEARING. WITHIN SIXTEEN (16) CALENDAR DAYS from the date the complaint was filed, the Complainant must provide a written REQUEST FOR HEARING. If any amendment(s) to the original complaint are needed, they must also be submitted, in writing, with the REQUEST FOR HEARING. WITHIN THIRTY (30) CALENDAR DAYS of the filing of the complaint, a HEARING WILL BE CONDUCTED. The Complainant and Respondent shall be advised, in writing, of all procedural rights. (i.e., representation, presentation of evidence, witnesses, etc.) WITHIN SIXTY (60) CALENDAR DAYS of the filing of the complaint, a written decision shall be rendered by the Hearing Officer. The decision shall be mailed to the parties (Complainant and Respondent) by certified mail, return receipt requested. The decision shall include, but not necessarily be limited to the following: 1) The reason(s) for the decision, 2) A statement as to whether LWIOA complaint procedures have been complied with, and, 3) Notice of the right to request a review at the State Recipient Level (Ohio Department of Job and Family Services, Bureau of Civil Rights) when any party disagrees with any aspect of the local Hearing Officer's decision. State Recipient Level Review: Any party has TEN (10) CALENDAR DAYS from the date of receipt of the local Hearing Officer's decision or FIFTEEN (15) CALENDAR DAYS from the date on which the decision should have been received to request a review with the Ohio Department of Job and Family Services' Bureau of Civil Rights, 150 E. Gay Street, 18th floor, Columbus, Ohio 43215-3130. The Bureau of Civil Rights reviewer may uphold the local level decision, in whole or in part, or may provide a hearing and final written decision within THIRTY (30) CALENDAR DAYS of the date of receipt of the request for review. Pursuant to the WIOA regulations, this decision exhausts administrative remedies at the State Recipient Level. If the results of the State Recipient Level Review have not been provided to both parties within THIRTY (30) CALENDAR DAYS of the request for review, or if either party is dissatisfied with the results of the review, a complaint may be filed with the Secretary, U. S. Department of Labor, Washington, DC 20210, ATTN: Assistant Secretary for Employment and Training (ASET). DISCRIMINATION COMPLAINTS Any person who believes that he/she has been subjected to unlawful discrimination may file a complaint. It is unlawful for WIOA-funded programs to discriminate against any person or class of individuals because of race, color, religion, national origin., sex, political affiliation or belief, age, disability or (for beneficiaries only) citizenship status, as a lawfully admitted immigrant, authorized to work in the United States. It is also unlawful to discriminate against individuals on the basis of their WIOA participant status. A complaint must be filed within 180 DAYS of any alleged discriminatory act or treatment. Only the Director of the USDOL Civil Rights Center, for good cause shown, may extend the filing time limit. Discrimination complaints may be filed in the following ways: A complaint may be filed with the Ohio Department of Job and Family Services' Bureau of Civil Rights. The Bureau is located at 150 East Gay Street, 18th floor, Columbus, Ohio 43215-3130, toll-free phone: 1-866-BCR-ODJF (227-6353). BCR will conduct an investigation of the complaint and issue its Notice of Final Action within NINETY (90) DAYS of receipt of the complaint, with applicable appeal rights. The LWIOA Equal Opportunity Officer shall provide assistance to the Complainant, as needed. Or a complaint may be filed directly with the U. S. Department of Labor, Civil Rights Center. CRC is located at 200 Constitution Avenue, N. W., Room N-4123, Washington, DC, 20210. Their phone number is: (202) 693-6500. If the Complainant chooses the federal process, the complaint is to be sent directly to the Civil Rights Center. Complainants shall be offered a choice of having their allegations addressed through the customary investigative process or through Alternative Dispute Resolution (ADR). More information on this is available from the ODJFS Bureau of Civil Rights. FRAUD, ABUSE OR CRIMINAL ACTIVITY. All information and/or complaints alleging program fraud, abuse or criminal activity are reported directly and immediately to the U. S. Department of Labor, Office of Inspector General, Room S5514, 200 Constitution Avenue N. Washington, DC, 20210. The OIG Hotline phone number is: 1-800-347-3756. EQUAL OPPORTUNITY IS THE LAW. It is against the law for this recipient to discriminate on the following bases: 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 regard to, such program or activity, or making employment decisions in the administration of, or in connection with, such a program or activity. What to Do if You Believe You Have Experienced Discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose) or the Director, Civil Rights Center (CRC), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210. If file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you file your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action. If you have questions regarding your rights, you may contact your local Equal Opportunity Officer or the ODJFS Bureau of Civil Rights.