



Ohio Department of Job and Family Services  
**WIOA YOUTH PROGRAM ELIGIBILITY APPLICATION**

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Additional Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	

Demographic & Education Information	
<p><b>1. What is your gender?</b>  <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>2. What is your education level?</b>  <input type="checkbox"/> Withdrew from high school, no HS diploma  <input type="checkbox"/> Current high/junior high school student  <input type="checkbox"/> Completed 12<sup>th</sup> grade, but no HS diploma  <input type="checkbox"/> Obtained high school or equivalent diploma  <input type="checkbox"/> High school graduate  <input type="checkbox"/> Some post high school education, no degree  <input type="checkbox"/> College degree:            <input type="checkbox"/> Associate    <input type="checkbox"/> Bachelor    <input type="checkbox"/> Masters/Prof.</p> <p><b>3. What is your education status?</b>  <input type="checkbox"/> I am not a student  <input type="checkbox"/> I am a student at a college or technical school  <input type="checkbox"/> I am a student in a HS equivalency program  <input type="checkbox"/> I am a high school student, at grade level  <input type="checkbox"/> I am a high school student, behind grade level  <input type="checkbox"/> I am not attending high school</p>	<p><b>4. What is your date of birth?</b> _____</p> <p><b>5. What is your ethnicity?</b>  <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Not Hispanic/Latino</p> <p><b>6. What is your race? (check all that apply)</b>  <input type="checkbox"/> Black/African American    <input type="checkbox"/> White  <input type="checkbox"/> Asian    <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> American Indian  <input type="checkbox"/> Hawaiian Islander or Other Pacific Islander  <input type="checkbox"/> Other _____</p> <p><b>7. What is your native or primary language?</b> _____</p> <p><b>8. Have you registered Selective Service (for males &gt; 18)?</b>  <input type="checkbox"/> Yes    SSR #: _____    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p> <p><b>9. Citizenship: (check all that apply)</b>  <input type="checkbox"/> US Citizen    <input type="checkbox"/> Authorized to work in the U.S. Documented  <input type="checkbox"/> Undocumented    <input type="checkbox"/> Documented  <input type="checkbox"/> Refugee    <input type="checkbox"/> Other Legal Alien  <input type="checkbox"/> Other _____</p>

Part A. WIOA Eligibility Information	
<p><b>1. Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>2. Do you have a disability?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>3. Are you pregnant?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>4. Do you have any minor children?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>5. If English is not your native or primary language, do you need help learning to speak/write/use English?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>6. Are you homeless?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7. Are you a runaway?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>8. Are you in foster care or were you previously in foster care?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>9. Are you involved or were you involved in the juvenile court or adult justice system?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>10. Do you receive or eligible to receive free or a reduced-price lunch?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Employability	
<p><b>1. Do you need reliable child care?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>2. Are you a single parent?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>3. Are you caring for an adult relative with a disability?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>4. Do you need reliable dependent care?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>5. Do you have stable housing?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>6. Do you use recreational drugs regularly?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7. Do you drink alcohol regularly?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>8. Do you have reliable transportation?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**WIOA Eligibility Information** - This section determines eligibility for the WIOA program.

1. Please answer the following questions. (You must complete this section regardless of your age)

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 live in 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
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Did you answer "Yes" to any of the questions above? ☐ YES ☐ NO

\*If you answered "Yes", you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility. Additionally, if you are disabled, only your income will be used.

2. Including yourself, who is in your family? What is their relationship to you? What is their income within the past month? *If you are not attending high school or college/technical school, skip this question.*

Name	Relationship	Monthly Income
	Self	(Provide hourly or weekly wages)

3. Disclosure of Relationship - Do you have a business/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 employee, partner employee, WIOA sub-recipient and/or contractor; or
- CDJFS or other county employee?

☐ YES If yes, provide name: \_\_\_\_\_  
☐ NO

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

1. Are you currently receiving cash assistance or SNAP? ☐ YES ☐ NO

\*If your answer is "No" you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF funding eligibility in question two. If your answer is "Yes" skip question two.

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size? ☐ YES ☐ NO

200% of Federal Poverty Guidelines (2019)	
Household Size	Monthly
1	\$2,082
2	\$2,819
3	\$3,555
4	\$4,292
5	\$5,029
6	\$5,765
7	\$6,502
8	\$7,239
9	\$7,975
10	\$8,712

3. Do you have a child under age 18? ☐ YES ☐ NO Number of children \_\_\_\_\_ Oldest child age \_\_\_\_\_
4. Are you 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
5. Have you been given the opportunity to register to vote? ☐ YES ☐ NO
6. Are you currently repaying fraudulent public assistance (cash)? ☐ YES ☐ NO

**Acknowledgement**

By signing, I attest that the information stated above 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.

**Parent/Guardian Signature:** (Required if applicant is under age 18)

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 attending school? ☐ Yes ☐ No

If yes, is the individual low-income or live in a high-poverty area under WIOA? ☐ Yes ☐ No

Does the individual have a documented barrier to employment? ☐ Yes ☐ No

List documented barrier: \_\_\_\_\_

Is the individual basic skills deficient? (If yes, may need income data) ☐ Yes ☐ No

Does the individual require additional assistance as defined by your local area policy? ☐ Yes ☐ No

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

**TANF Funding Eligibility Determination:**

Is the household's monthly income under 200% of the Federal Poverty Guidelines? *Please use the current year's table if different from above.* ☐ Yes ☐ No

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

Does the individual owe any fraudulent TANF assistance paid to the individual? ☐ Yes ☐ No

Is the individual one of the following: 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 Please specify: \_\_\_\_\_

**WIOA Funding Eligibility Decision:**

☐ WIOA In-School Youth Program eligible and low income (Note: 25% limit on expenditures)

☐ 5% low-income exception for WIOA

☐ WIOA Out-of-School Youth Program eligible

☐ Ineligible for WIOA Funding

**TANF Funding Eligibility Decision:**

☐ TANF Funding Eligible

☐ Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

Signature of WIOA Eligibility Staff

Date



# DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 ♦ www.huroncountydjfs.org  
419-668-8126 or 1-800-668-5175 ♦ Fax 419-668-4738

## CCMEP/Fueling Youth with Resources and Education Program Application

Applicant Name and Date of Birth		Social Security Number
Present Address, City, State and Zip Code	County	Telephone Number

Request for youth employment? ☐ Yes ☐ No

Are there minor children in the home? ☐ Yes ☐ No

Are you working with or had you worked with Huron County Children Services Dept.? ☐ Yes ☐ No

If yes, who is/was your caseworker? \_\_\_\_\_

Is someone in the home pregnant? ☐ Yes ☐ No How many months? ☐ Yes ☐ No

If yes, is it the applicant? ☐ Yes ☐ No

Has the youth applicant worked or volunteered anywhere in 2016, 2017 or 2018? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Do you have a child support order from Huron County, Ohio courts or through the Huron County CSEA?

☐ Yes ☐ No

Please complete the information below for ANYONE living in your home. You are required to verify all income for ALL members of the household. **Please list all household members and include yourself.**

Name	SSN	Relationship	DOB	Source of Income	Amount of Income	Verifications

Total \_\_\_\_\_ (Compare to Federal Poverty Guidelines)

### Voter Registration Application Attached – Assistance Available

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes, I want to register to vote. ☐ No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

**By signing this application, adult applicant or parent hereby gives his or her consent for Huron County DJFS to contact any person and/or agency necessary for verification purposes to complete this application.**

Signature of Applicant	Date
Signature of Parent (if applicant is 14-17)	Date

Date Application Received: \_\_\_\_\_

Approved for the following items/Services: Complete chart.

Item/Service	Approval Date	Employer Placement Name

CCMEP WIOA and TANF  
Denied - Date of Denial: \_\_\_\_\_

Date Denial Notice  
Sent: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Signature of PCSA Worker (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(if amount exceeds \$500)

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(if amount exceeds \$1,000)

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

## Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

## Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	
6. ZIP Code					
7. Additional Mailing Address (if necessary)				8. County (where you live)	
9. Birthdate (MM/DD/YYYY) (required)		10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County	Previous State		
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature		
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.					

**Your Signature** ↓ **Date** (MM/DD/YYYY)

**FOR BOARD USE ONLY**  
SEC4010 (rev. 4/15)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.



**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [www.OhioSecretaryofState.gov/boards.htm](http://www.OhioSecretaryofState.gov/boards.htm)

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling (877) 767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A  
FELONY OF THE FIFTH DEGREE.**



**CCMEP/Fueling Youth with Resources and Education Program  
Huron County Department of Job and Family Services  
(419) 668-8126 x3335**

**Employment Questionnaire**

Youth Name: \_\_\_\_\_

Do you have a Driver's License or Permit? ☐ Yes ☐ No

If not, do you have a photo I.D.? ☐ Yes ☐ No

Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Last Day of School: \_\_\_\_\_ Back to School Date for 2019/2020: \_\_\_\_\_

Anticipated Graduation Date and Year: \_\_\_\_\_

Were you placed as part of TANF SYEP 2016, 2017 or 2018? ☐ Yes ☐ No

If yes, what was the name of the employer? \_\_\_\_\_

**Work-Related**

Have you ever held a job or volunteered for a period of time? ☐ Yes ☐ No

If "Yes", give name & start/end dates: \_\_\_\_\_

Are there any occupations or jobs you are interested in pursuing? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

**Basic Task**

Can you follow verbal instructions? ☐ Yes ☐ No

Can you follow written instructions? ☐ Yes ☐ No

Can you perform repetitive tasks for a period of time? ☐ Yes ☐ No

Can you do multiple tasks simultaneously? (Multi-task) ☐ Yes ☐ No

**Social Setting**

Can you work cooperatively with others in a team setting? ☐ Yes ☐ No

Can you work independently without supervision? ☐ Yes ☐ No

Can you interact with customers or the public? ☐ Yes ☐ No

**Environment**

Can you work in an outdoor environment? ☐ Yes ☐ No

Can you work in an office setting? ☐ Yes ☐ No

Can you work in a production/factory/shop setting? ☐ Yes ☐ No

Can you work in a noisy environment? ☐ Yes ☐ No

**Restrictions**

Can you stand for an extended period of time? ☐ Yes ☐ No

Can you sit for an extended period of time? ☐ Yes ☐ No

Can you walk for an extended period of time? ☐ Yes ☐ No

Do you experience vision problems? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

Do you experience hearing loss? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

Can you lift?: ☐ Up to 10 lbs. ☐ Up to 20 lbs. ☐ Up to 50 lbs.

Can you work at least an 8 hr. shift? ☐ Yes ☐ No

Do you have any disabilities (physical or learning) that may affect your ability to perform work duties? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

Do you have any allergies or adverse reactions to chemicals? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

Are you currently pregnant? ☐ Yes ☐ No If yes, how many months? \_\_\_\_\_

Do you have any minor children? ☐ Yes ☐ No if yes, how many? \_\_\_\_\_

Do you need child care? ☐ Yes ☐ No

Do you have a current issue or history of substance abuse? ☐ Yes ☐ No

Do you have any misdemeanors or felonies on your record? ☐ Yes ☐ No

If "Yes", what were they for and when were you sentenced? \_\_\_\_\_

Do you believe that your partner/spouse and/or parent/guardian will make/has made it hard for you to work or interfered with your ability to keep a job? ☐ Yes ☐ No

If "Yes", explain: \_\_\_\_\_

### **Transportation**

Do you have reliable transportation to get to a worksite? ☐ Yes ☐ No

If you lack transportation, what is the maximum travel distance you are able to go for a placement? \_\_\_\_\_

Please Note: Transportation assistance may be limited based on the funds and/or services available in the area. Staff will make every effort to assist with transportation if it is determined to be an appropriate service for your worksite placement.

**The information gathered in this assessment will be used to place the youth in the most appropriate worksite/setting as possible. There is no guarantee that all youth needs will be met; however, every attempt will be made to meet as many of the youth's criteria as possible.**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant E-mail Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Caseworker \_\_\_\_\_

Date \_\_\_\_\_

-----  
**Completed by HCDJFS CCMEP Staff Only**

Staff will note any recommendations for placement/restrictions for this youth or other information pertinent to developing an appropriate worksite placement.

\_\_\_\_\_  
\_\_\_\_\_  
OSY ☐ ISY ☐



## DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 ♦ [www.huroncountydjfs.org](http://www.huroncountydjfs.org)  
419-668-8126 or 1-800-668-5175 ♦ Fax 419-668-4738

### CHECKLIST:

Please provide the following along with your completed application:

- copies of the household's social security cards;
- copy of birth certificate for youth applicant(s) only (if youth applicant has children, provide copies of children's birth certificates and /or crib card);
- copy of driver's license or photo I.D. for youth applicant(s) only;
- copy of youth applicant(s) high school diploma, college degree and/or certifications, if applicable;
- copy of your current household utility bill; and
- copy of the most recent 30 days worth of paystubs for all those working in the household or current award letters if a household member(s) is/are receiving cash assistance, food stamps, SSI or SSD