

Section 504 Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Received Voc. Rehab:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
*Military Service			
Are you the spouse of a member of the Armed Forces who is on Active Duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a spouse or family caregiver to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you the spouse of someone in active-duty military service, National Guard or Reserves who is currently activated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OR			
A spouse of a service member on active duty who has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?			
Are you currently in the U.S. military or a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, complete the Registration Supplement form.			
Employment Status:			
<input type="checkbox"/> Not Employed <input type="checkbox"/> Employed <input type="checkbox"/> Employed with a notice of termination, OR, military separation.			
In a Registered Apprenticeship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not disclose.
*Unemployment (UC) Eligibility?	<input type="checkbox"/> Claimant	<input type="checkbox"/> Exhaustee	<input type="checkbox"/> Neither claimant nor exhaustee
If Claimant, referred by: <input type="checkbox"/> RESEA <input type="checkbox"/> Not Applicable			
*Long Term unemployed (>26 consecutive weeks)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Unemployed due to layoff or termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tenure (months):
*If Yes, date of dislocation:	Attended Rapid Response? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Eligible Migrant and Seasonal Farmworker Status			
<input type="checkbox"/> Seasonal Farmworker Adult <input type="checkbox"/> Dependent Adult <input type="checkbox"/> MSFW Youth			
<input type="checkbox"/> Migrant Farmworker Adult <input type="checkbox"/> Dependent Youth <input type="checkbox"/> No			
Has been employed the past 12 months in Farm work of a seasonal or temporary nature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual travels to the job site and is not reasonably able to return to his/her permanent residence within the same day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual is a full-time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual is a full-time student traveling with their families?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual is a full-time student traveling in organized groups rather than their families?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the individual participating in the National Farmworker Jobs Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, NFJP Grant Number:			
Highest grade completed (circle):	0 1 2 3 4 5 6 7 8 9 10 11 12		
Highest education level completed	<input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> Completed one of more years of postsecondary education <input type="checkbox"/> Attained a postsecondary technical or vocational certificate (non-degree) <input type="checkbox"/> Attained an Associate's degree <input type="checkbox"/> Attained a Bachelor's degree <input type="checkbox"/> Attained a degree beyond a Bachelor's degree <input type="checkbox"/> No Educational Level Completed <input type="checkbox"/> The participant with a disability received a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)		
*School Status	<input type="checkbox"/> In-school, secondary school or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Postsecondary school <input type="checkbox"/> Not attending school or Secondary School Dropout <input type="checkbox"/> Not attending school; secondary school graduate or has a recognized equivalent <input type="checkbox"/> Not attending school; within age of compulsory school attendance		

Receiving Education	<input type="checkbox"/> Adult Education	<input type="checkbox"/> YouthBuild	<input type="checkbox"/> No
Partner Services?	<input type="checkbox"/> Job Corps	<input type="checkbox"/> Vocational Education	<input type="checkbox"/> Did not self-identify
Receiving any Public Assistance within last 6-months (check all that apply):			
<input type="checkbox"/> TANF*	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> NA/Unknown
<input type="checkbox"/> SSI*	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> NA/Unknown
<input type="checkbox"/> SNAP*	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> NA/Unknown
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> NA/Unknown
<input type="checkbox"/> Refugee Cash Assistance	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> NA/Unknown
<input type="checkbox"/> SSDI*			
<input type="checkbox"/> SNAP Employment & Training services			
<input type="checkbox"/> Ticket-to-Work Holder issued by SSA			
<input type="checkbox"/> Ticket-to-Work assigned employment network			
*Barriers to Employment (check all the apply):			
<input type="checkbox"/> Homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Ex-Offender	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not self-identify (no response)
<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Basic Skills Deficient/Low Levels of Literacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Runway Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Foster Child/Foster Care Youth	<input type="checkbox"/> Yes, currently	<input type="checkbox"/> Yes, aged out	<input type="checkbox"/> No
<input type="checkbox"/> Cultural Barriers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not self-identify (no response)
<input type="checkbox"/> Exhaust TANF within 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Provided
<input type="checkbox"/> Single Parent (incl. single pregnant women)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not self-identify (no response)
<input type="checkbox"/> Displaced homemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
*Meets definition of Low Income: <input type="checkbox"/> Yes <input type="checkbox"/> No			

STAFF REMINDER: paper applications are to be securely stored prior to data entry into NCWO, and, immediately securely destroyed following data entry.

Additional Information: _____

* Denotes data validation item

WP REMOTE Participant Self-Attestation

Application Addendum

Wagner-Peyser Application Details

App ID: _____

State ID: _____

User ID: _____

Username: _____

LWIA: _____

Center/Office: _____

Application Date: _____

Participation Date: _____

Participant Attestation and Signature

Applicant Certification:

- YES No I certify that the information on this application is accurate to the best of my knowledge.
- YES No I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WP Program and may result in criminal action.
- YES No I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WP.
- YES No I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Participant Signature:

Signature Date:
