

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA): PRELIMINARY APPLICATION**

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OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_

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**“BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES”**

**Mailing Address:** 68145 Hammond Road, St. Clairsville, Ohio 43950 Attn: WIOA

**WIOA Office Location:** OhioMeansJobs Belmont County, 302 Walnut Street, Martins Ferry, Ohio 43935

(740) 633-5627 or Toll-Free 1-877-516-5627

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**THE COMPLETION OF THIS FORM DOES NOT CREATE AN ENTITLEMENT TO SERVICES**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone # \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female Veteran \_\_\_ Yes \_\_\_ No Race/Ethnic Background \_\_\_\_\_

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Please provide the following information regarding your request for training assistance:

Training Facility Name \_\_\_\_\_ Program \_\_\_\_\_

Start Date \_\_\_\_\_ GPA \_\_\_\_\_

Type of Assistance Needed (Please “check” below)

\_\_\_ Tuition \_\_\_ Books \_\_\_ Tools \_\_\_ Uniforms \_\_\_ Gas Stipend \_\_\_ Daycare \_\_\_ Other

Financial Aid Receiving: \_\_\_ PELL \_\_\_ OIG \_\_\_ Other (Specify) \_\_\_\_\_

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Family Size \_\_\_\_\_ Estimate of Family Gross Income for Last 6 Months \_\_\_\_\_

Please check if you receive any of the following or if they apply to you:

\_\_\_ OWF/TANF \_\_\_ Currently receives food stamps or received in the last 6 months  
\_\_\_ Homeless \_\_\_ Foster Child \_\_\_ SSI Disability

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Have you been laid-off or terminated from your job? \_\_\_ Yes \_\_\_ No

If yes, list company name and layoff/termination date \_\_\_\_\_

Are you currently receiving or exhausted unemployment compensation? \_\_\_ Yes \_\_\_ No

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Are you an individual who has been providing unpaid services to family members in the home and has been supported by the income of another family member, such as a spouse, but has lost that income support due to death, divorce or other reason? \_\_\_ Yes \_\_\_ No

Are you unemployed, underemployed or having difficulty finding employment? \_\_\_ Yes \_\_\_ No

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THIS AGENCY DOES NOT EXCLUDE INDIVIDUALS FROM OPPORTUNITIES OR MAKE DECISIONS BASED UPON RACE, COLOR, RELIGION, NATIONAL ORIGIN, POLITICAL AFFILIATION, AGE, OR DISABILITY.

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**IMPORTANT(Please read the statement below, “check” DO/DO NOT accordingly, sign and date:**

I \_\_\_ DO \_\_\_ DO NOT authorize the exchange of information as it pertains to this application between the Belmont County Department of Job and Family Services and the training provider listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_