

WORKFORCE INNOVATION AND OPPORTUNITY ACT(WIOA): PRELIMINARY APPLICATION

OFFICE USE ONLY: DATE RECEIVED _____

“BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES”

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

WIOA Office Location: 302 Walnut Street, Martins Ferry, Ohio 43935
(740) 579-0379

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

Name _____
Address _____ City _____
State _____ Zip _____ County _____ Telephone # _____

Birth Date _____ E-mail Address _____
Gender ___ Male ___ Female Veteran ___ Yes ___ No Race/Ethnic Background _____

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) _____

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

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

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

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

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 _____