

Attachment A

Overview

Overview and Guidelines

The purpose of this program is to provide Workforce Investment Act (WIA) eligible youth with work readiness training and a viable employment experience during the summer.

Applicants must meet eligibility requirements including the following:

Youth Barriers

WIA youth programs are intended to provide age-appropriate services targeted to economically disadvantaged youth who face barriers to staying in-school or finding employment. Listed below are some of the barriers included in the Act, but not limited to:

1. **14-24 years of age**
2. **A low income individual** (total family income at or below 70% of the Federal Lower Living Standard Income Levels)
3. **A resident of South or West Suburban Cook County** (see listing below)
4. **Legally permitted to work in the United States**
5. **Registered with Selective Service**, if a male 18 years old and over, unless exempt
6. **Identified within one or more of the following categories:**
 - Is attending an alternative school to complete secondary education
 - Has repeated at least one secondary grade level or is one year over age for grade
 - Deficient in basic literacy skills, defined as reading, writing, or computing at or below the 8th grade level
 - A school drop-out
 - An offender
 - Foster care or aging out of foster care and group homes
 - Homeless or runaway youth
 - Youth needing additional assistance
 - Pregnant or parenting youth
 - Basic skills deficient

Required Documentation

In order for your application to be approved, certain documentation **must** be provided with your application to meet Cook County P.O.E.T. WIA guidelines. Below is a partial list of the types of documentation that may be used to meet these guidelines. Your youth representative will provide you with additional allowable forms of documentation.

Proof of Birth

- Birth Certificate
- Driver's License
- State Identification Card

Proof of Family Income

- Pay Stubs
- Social Security award letter
- Public Assistance

Proof of Eligibility to Work in the United States

- Birth Certificate
- Alien Registration
- Pay Stubs

Proof of Compliance with Military Selective Service Act

- (Applies Only to Males 18 Years of Age or Older)*
- Selective Service Card

Proof of Current Address

- Driver's License
- State Identification Card
- Utility Bill
- Report Card
- Public Aid Record

Proof of Family Size

- Birth Certificates (for every household member)
- Public Aid Record

Application Document

Customer: _____ Current Date: _____

Application Definition

Statutory Program: WIA WTW TAA/NAFTA Contact Date: _____

LWA: _____ Center: _____

Case Manager: _____ Partner: _____

Applicant Contact Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Email Address: _____ County (for in-state addresses): _____

Additional Contacts

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work: _____ ext. _____

Relationship to Contact: _____

Application Document

Customer: _____

Current Date: _____

Private Information

Social Security Number: _____ <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Island <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> White Disability Status: <input type="checkbox"/> No Disability <input type="checkbox"/> Disability	Hispanic or Latino? _____ (Yes or No) Gender: _____ Birth Date: _____ Mother's Maiden Name: _____ Authorized to Work in USA? _____ (Yes or No) Selective Service Compliant?: _____ (Yes, No, or NA) If Yes, specify Selective Number: _____ Category of Disability: <ul style="list-style-type: none"> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both Physical & Mental Impairment
<input type="checkbox"/> Disability Affecting Employment <input type="checkbox"/> Development Disability <input type="checkbox"/> Learning Disability	

Veterans Information

Veteran Status: <ul style="list-style-type: none"> <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Qualified Spouse <input type="checkbox"/> Transitioning Service Member 		
The rest of this section applies only to Veterans and Qualified Spouses:		
Branch of Service: <ul style="list-style-type: none"> <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> U.S. Marines 	Date of Service From: _____ To: _____	
	Nature of Military Discharge: <ul style="list-style-type: none"> <input type="checkbox"/> Honorable <input type="checkbox"/> Less than Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Service Connected Disability 	
Service Connected Disability: <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Special Disabled Vet 	Armed Forces Campaign or Expeditionary Medal? _____ (Yes or No)	U.S. Citizen? _____ (Yes or No)

Concurrent Programs

Adult Education _____ (Yes or No)	Job Corps _____ (Yes or No)
Farmworker Program _____ (Yes or No)	Native American Program _____ (Yes or No)
Veteran's Workforce Investment Pgms _____ (Yes or No)	Trade Adjustment Act _____ (Yes or No)
NAFTA-TAA _____ (Yes or No)	Vocational Education _____ (Yes or No)
Vocational Rehabilitation _____ (Yes or No)	Wagner-Peyser _____ (Yes or No)
Title V Activities (OAA) _____ (Yes or No)	Comm Srvc Blk Grant Program _____ (Yes or No)
HUD Program _____ (Yes or No)	Other non-WIA program _____ (Yes or No)
Veteran's DVOP/LVER _____ (Yes or No)	

Application Document

Customer: _____

Current Date: _____

Education Status

Highest Grade Completed:

0 4
 1 5
 2 6
 3 7
 8

H.S. Freshman
 H.S. Sophomore
 H.S. Junior
 H.S. Senior-No Dipl
 H.S. Senior-withDipl

Cert. Attend/Comple
 College Freshman
 College Sophomore
 College Junior
 College Senior

Other Post Secondary
 Masters
 Doctorate
 GED
 Not Reported

Pell Grant Recipient? _____

(Yes or No)

If Yes, Pell Grant Amount: _____

Pursuing Diploma/Certificate? _____

(Yes or No)

Attending School? _____

(Yes or No)

Full-Time Attending School? _____

(Yes or No)

Attending Alternative School? _____

(Yes or No)

High School Dropout? _____

(Yes or No)

The following are determined by IWDS:

Basic Skills Deficient? _____

(Yes or No)

Youth In/Out School? _____

(In School, Out School, or NA)

Behind Grade Level? _____

(Yes or No)

Credentials

Application Document

Customer: _____

Current Date: _____

Credential: <input type="checkbox"/> H.S. Diploma / Equivalency / G.E.D.	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____
<input type="checkbox"/> A.A. or A.S. Diploma / Degree	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____
<input type="checkbox"/> B.A. or B.S. Diploma / Degree	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____
<input type="checkbox"/> Occupational Skills License	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____
<input type="checkbox"/> Occupational Skills Certificate or Credential	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____
<input type="checkbox"/> Other	Institution: _____ Source: <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Credential <input type="checkbox"/> Copy of Degree <input type="checkbox"/> Copy of Diploma	Date Attained: _____

Application Document

Customer: _____

Current Date: _____

Employment Characteristics

Labor Force Status:

- Unemployed
- Employed
- Not in Labor Force
- Employed-Rec'd Notice of Layoff/Mil Sep

Unemployed Insurance Status:

- Receiving Benefits
- Eligible, but not receiving benefits
- Exhausted Benefits
- Not Eligible/Not Determined

Under-employed? _____ (Yes or No)

The following is determined by IWDS:

UI Profilee? (Yes or No)

Migrant Status? _____ (Yes or No)

Primarily Employed in Farm Work?

- At least 50% income earned
- At least 50% work time
- Both of Above
- No

Minimum Threshold of Farm Work Performed?

- At least 25 days worked
- At least \$800 earned
- Both of Above
- No

Type of Qualifying Farm Work:

- Agricultural Production and Services
- Food Processing Establishments

Dislocated Worker Characteristics

Requires additional assistance? _____ (Yes or No)

Unemployed at least six months prior to application? _____ (Yes or No)

Completed one month of job search? _____ (Yes or No)

Displaced Homemaker? _____ (Yes or No)

Received Disaster Relief Assistance? _____ (Yes or No)

Application Document

Customer: _____

Current Date: _____

Work History

Employer Name: _____

Employment Status:

- Employed
- Employed, Layoff Pending
- Labor Dispute
- Fired
- Quit
- Laid Off

Job Title: _____

Wages: _____

Wages Per: _____ Hrs per week: _____

- Day
- Hour
- Week
- Month
- Year

Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Name: _____ Contact Phone: _____ ext: _____

Job Duties:

Primary Occupation? (Yes or No) Dislocation? (Yes or No)

Self-Employed? (Yes or No) Family Member/Farmhand? (Yes or No)

Layoff Reason

- Lack of Work at Employer
- Plant Closure
- Substantial Layoff
- In Process of Going Out of Business
- Flood or Other Natural Disaster
- General Economic Conditions
- Clean Air Act
- Defense Reductions
- Trade Impact Employment
- Qualifying Federal Dislocation Event

Date Notified of Layoff: _____

DBTS ID: _____ TAA Petition: _____ NAFTA Petition: _____

Received Rapid Response? (Yes or No) Date Last Received Rapid Response Services: _____

NAICS Code: _____ Declining? (Determined by IWDS based on NAICS Code)

NAICS Description: _____

O*Net Code: _____ Low Growth? (Determined by IWDS based on OES Code)

O*Net Description: _____

Application Document

Customer: _____

Current Date: _____

Characteristics and Barriers

Drug/Alcohol Dependency? _____ (Yes or No)	Offender - Misdemeanor? _____ (Yes or No)
Limited English Proficiency? _____ (Yes or No)	Homeless? _____ (Yes or No)
Offender - Felon? _____ (Yes or No)	

Barriers (If Applicable)

Enroll Under 5% Window? _____ (Yes or No)	Youth Needing Assistance? _____ (Yes or No)
Youth at Risk of Dropping Out? _____ (Yes or No)	Foster Child? _____ (Yes or No)
Pregnant / Parenting Youth? _____ (Yes or No)	Youth Aged Out of Foster Care? _____ (Yes or No)
Runaway Youth? _____ (Yes or No)	Serious Barriers to Employment As Defined by LWIB? _____ (Yes or No)
Ward of State? _____ (Yes or No)	

Public Assistance

Transitional Assistance? _____ (Yes or No)	TANF? _____ (Yes or No)
Refugee Help? _____ (Yes or No)	DHS Case Number: _____
SSI? _____ (Yes or No)	Months Received TANF in Prior 60 Months? _____
On Food Stamps? _____ (Yes or No)	

Family Characteristics

Family Type: <input type="checkbox"/> Not a Family Member <input type="checkbox"/> Not Reported <input type="checkbox"/> Other Family Member <input type="checkbox"/> Parent in One-Parent Family <input type="checkbox"/> Parent in Two-Parent Family	Family Size: _____ Dependents Less than 18 Years: _____ Family of 1 Due to Disability? _____ (Yes or No)
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Name(s) of Family Member(s)	Relationship	Age	Dependent (Yes or No)	Has Income? (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)
_____	_____	_____	_____ (Yes or No)	_____ (Yes or No)

Application Document

Customer: _____

Current Date: _____

Income Calculation

Month	1	2	3	4	5	6	Row Total
Wages							
Self-Employed Wages							
Pension							
Insurance Annuity							
Alimony							
Other							
Total							

The following are determined by IWDS:

Average Monthly Income: _____

Average Annual Income: _____

Total Income for Prior 6 Months: _____

Income and Expenses

INCOME		EXPENSES	
		Rent/Mortgage:	
Wages:		Utilities:	
Self-Employed Wages:		Installment Payments:	
Spouse Wages:		Savings:	
Pension:		Insurance:	
Insurance Annuity:		Support Payments:	
Alimony:		Transportation:	
Allowance:		Food:	
Social Security:		Clothing:	
Public Assistance:		Household Supplies:	
Unemployment:		Medical/Dental:	
Other:		Miscellaneous:	
Income Total:		Expense Total:	

Application Document

Customer: _____

Current Date: _____

TAA Training Criteria (If Applicable)

TAA Petition Number: _____

NAFTA Petition Number: _____

There is no suitable employment (which may include technical and professional employment) available for any adversely affected worker? _____ (Yes or No)

The worker would benefit from appropriate training? _____ (Yes or No)

There is a reasonable expectation of employment following completion of such training? _____ (Yes or No)

Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (which may include area vocational schools, as defined in Section 195(2) of the Vocational Education Act of 1963 for employers)? _____ (Yes or No)

The worker is qualified to undertake and complete such training? _____ (Yes or No)

Such training is suitable for the worker and available at a reasonable cost? _____ (Yes or No)

Has participated in ATAA? _____ (Yes or No)

TAA Additional Info (If Applicable)

ATAA Certified? _____ (Yes or No)

Petition Expiration Date: _____

Certification/Decision Date: _____

Date BFO was signed: _____

Participated in ATAA? _____ (Yes or No)

Separation Date: _____

Petition Impact Date: _____

Meets TRA 8/16 Requirement? _____ (Yes or No)

Was Rapid Response Provided? _____ (Yes or No)

Meets 210 Day Requirement? _____ (Yes or No)

State Funding TAA Training: _____

Is Illinois Responsible for Payment of UI/TRA Benefits?

_____ N/A, Customer Not Eligible

_____ N/A, Customer Not Receiving Benefits

_____ Yes, Illinois Responsible

_____ No, Another State Responsible

Customer Eligibility

Title/Program

JYG

Eligibility Date

Certification Date

I have reviewed the eligibility criteria for these Titles, along with all the required documents, and certify that this customer is eligible as designated.

Signature of Case Manager: _____

Initial Eligibility

Determination Date: _____

Application Document

Customer: _____

Current Date: _____

Verification & Review

NOTICE OF CERTIFICATION: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the WIA post-termination follow-up. I hereby acknowledge that the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from any Workforce Investment Act program and may be subject to legal prosecution. I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my right to file a complaint.

As a parent/guardian of the applicant, I have read and understand the preceding paragraph. Further, I consent to his/her participating in any of the training and work experience programs offered through the Workforce Investment Act, and further consent to and waive notice of such future changes in the applicant's training and work experience as may be arranged by the applicant and the administering agency.

Signature of Customer or Representative:	_____	Date Signed:	_____
Signature of Parent or Guardian:	_____	Date Signed:	_____
Name of Parent or Guardian:	_____	Relationship:	_____

THE BOARD OF COMMISSIONERS

TODD H. STROGER
PRESIDENT

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BUREAU OF ADMINISTRATION
PRESIDENT'S OFFICE OF EMPLOYMENT
TRAINING

KAREN S. CRAWFORD
DIRECTOR

69 W. Washington, Suite 2860
Chicago, Illinois 60602
TEL: 312-603-0208
FAX: 312-603-9991

COOK COUNTY PRESIDENT'S OFFICE OF EMPLOYMENT TRAINING

Participant's Rights Under WIA

The following explains your CIVIL RIGHTS UNDER FEDERAL LAW. No individual, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or belief can be excluded from participation in and denied the benefits of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any program or activity funded under the Act; MEANING:

That, no individual will be discriminated against with regard to recruitment, examination, appointment, training, promotion, retention, discipline or any other aspect of personnel administration;

That, no benefits or services may be denied you on the basis of race, sex, age, religion, national origin, handicap, political affiliation or beliefs;

That, you may not be segregated or treated any differently from other participants because of your race, color, religion, sex, national origin, age, or disability, while you are being registered, interviewed, counseled, tested, or while you are working or attending classes as part of the project;

That, you be provided an equal chance to use all facilities available.

If you have questions regarding the above information, contact the Workforce Investment Act Grantee, Equal Employment Opportunity Officer at the following address:

Cook County President's Office of Employment Training
69 West Washington - Suite 2860
Chicago, Illinois 60602
EEO/GO Officer

The Civil Rights Act of 1964, as amended, and the Workforce Investment Act of 1998, guarantee you the right to file a complaint of alleged discrimination in any area stated above. The complainant should contact his/her EEO/GO Officer to acquire the necessary form to register the complaint with the Department of Labor. The filing of a complaint must be made within one-hundred-eighty (180) days of the alleged occurrence.

All complaints will be handled confidentially.

I have read and understand the above statement and acknowledge with my signature that I have received a copy of this form.

Participant's Signature

Date

Witnessed By

Date

THE BOARD OF COMMISSIONERS

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WILLIAM M. BEAVERS	4th Dist.	FOREST CLAYPOOL	12th Dist.
DEBORAH SIMS	5th Dist.	LAWRENCE SUFFREDIN	13th Dist.
JOAN P. MURPHY	6th Dist.	GREGG GOSLIN	14th Dist.
JOSEPH MARIO MORENO	7th Dist.	TIMOTHY O. SCHNEIDER	15th Dist.
ROBERTO WALDONADO	8th Dist.	ANTHONY J. PERACA	16th Dist.
		ELIZABETH ANN DODDY GORMAN	17th Dist.

BUREAU OF ADMINISTRATION
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FAX: 312-603-9994

Cook County

President's Office of Employment Training

Authorization of Release of Information

I, _____ hereby authorize the Cook County President's Office of Employment Training (POET) and/or their contracted representative to access information relevant to my status/progress(grades, progress reports, transcripts, certificates) in the WORKFORCE INVESTMENT ACT (WIA) sponsored employment training program.

I authorize the WIA sponsored training provider to release relevant data to the Cook County President's Office of Employment Training (POET) or their contracted representative.

I, _____ hereby authorize the Cook County President's Office of Employment Training (POET) and/or their contracted representative to solicit relevant information regarding my *previous, current, and/or future* employment status. I agree to provide name of employer, name of supervisor, address, phone number, job title, hourly wage and hours per week.

I authorize my employer to release the above employment data to the Cook County President's Office of Employment Training (POET) or their contracted representative.

Signature

Date