

# **WORKFORCE INNOVATION & OPPORTUNITY ACT INITIAL QUESTIONNAIRE Out of School Youth**

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS.**

**The purpose of the WORKFORCE INNOVATION & OPPORTUNITY ACT (hereafter referred to as WIOA) is to assist individuals with securing and/or upgrading employment, training or increasing their earnings.**

Attached please find the **WIOA Initial Questionnaire** which will better accommodate your inquiry for services through the WIOA program.

**Completion of the following items is required in order to be considered for WIOA services:**

- ❖ **The WIOA Initial Questionnaire**
- ❖ **Illinois Job Link enrollment (<https://illinoisjoblink.illinois.gov>)**
- ❖ **Illinois workNet enrollment ([www.illinoisworknet.com](http://www.illinoisworknet.com))**

Once you have completed the **Initial Questionnaire**, return it. You will be contacted concerning your eligibility.

Your enrollment in **Illinois Job Link**, **Illinois workNet** will be verified prior to enrollment in WIOA services.

If enrolled in the WIOA program, you will be required to make monthly contact with your career specialist and continue to provide monthly follow-up information for a period of 12 months after completion of your program.

We encourage you to start using **Illinois Job Link** now to aid in your job search. Individuals receiving unemployment benefits are required to register for Illinois Job Link.

**Illinois workNet** provides a wealth of information concerning career planning, job search, and job readiness skill-building, including resume preparation, interviewing tips and valuable training and education information. First, you need to set up your own free account by going to the website [www2.illinoisworknet.com](http://www2.illinoisworknet.com). Click on the blue "Sign-Up" at the top right corner and complete the registration information. Remember to record your username and password for future use. You can access Illinois workNet anywhere you have use of the Internet, including our WIOA offices where staff will be available to assist you.

Thank you for your interest in WIOA!

# Out of School Youth WORKFORCE INNOVATION & OPPORTUNITY ACT

## INITIAL QUESTIONNAIRE

**PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE VIA THE ACCOMPANYING INSTRUCTIONS OR  
THOSE AT THE END OF THIS FORM!**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Last 4 digits -SSN \_\_\_\_\_

Are you between the ages of 17 – 24 years? ☐ Yes ☐ No

Have you graduated from high school or obtained a GED? ☐ Yes ☐ No

If you dropped out of high school and never completed it  
or never obtained a GED, are you 17 years old or younger? ☐ Yes ☐ No

Is English a second language for you? ☐ Yes ☐ No

Are you subject to the juvenile or adult justice system? ☐ Yes ☐ No

Are you pregnant or parenting? ☐ Yes ☐ No

Are you an individual with a disability? ☐ Yes ☐ No

Are you: (check all that apply)?

- ☐ Homeless ☐ Runaway ☐ In foster care  
☐ Aged out of foster care ☐ In out-of-home placement  
☐ Eligible for assistance from Social Security due to your foster care status

**If you did not check any of the above complete the following:**

Number of family members living in your household: \_\_\_\_\_

Previous six months income for your household: \_\_\_\_\_

Household sources of Income: (check all that apply):

- ☐ Salary/Wages ☐ Unemployment Insurance ☐ Pension  
☐ Social Security ☐ TANF ☐ (SNAP) Food Stamps  
☐ Child Support ☐ Supplemental Security Income (SSI) ☐ School Grants

## EDUCATION | TRAINING

If you are currently enrolled in College/ Trade school, complete the following:

Name of school and location: \_\_\_\_\_

Name of program you are enrolled in: \_\_\_\_\_

Start date \_\_\_\_\_ Expected completion date \_\_\_\_\_

Do you have an unpaid balance to a school? ☐ Yes ☐ No

If Yes, Explain \_\_\_\_\_

Are you on Academic Probation? ☐ Yes ☐ No

**If not currently enrolled in school but would like assistance to do so, complete this section:**

Are you wanting help with tuition, books & Fees to begin a new training program? ☐ Yes ☐ No

If yes, Name of the program \_\_\_\_\_

Have you been accepted into this program? ☐ Yes ☐ No

School and Location \_\_\_\_\_

Expected start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Have you applied for financial aid? ☐ Yes ☐ No

## EMPLOYMENT

Are you currently employed? ☐ Yes ☐ No

Name of LAST, or CURRENT Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates of Employment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_, or Expected LAYOFF Date: \_\_\_\_\_

Your position \_\_\_\_\_ Hours/Wk. \_\_\_\_\_ Wage \_\_\_\_\_

If Not Employed (check one) ☐ Terminated ☐ Quit ☐ Laid Off ☐ Never Worked

Are you receiving Unemployment Benefits? (check one) ☐ Yes ☐ No ☐ Pending

Are you actively looking for work? ☐ Yes ☐ No

Would you be interested in part-time work or work experience? ☐ Yes ☐ No

What Skills do you have? \_\_\_\_\_

If not currently Employed, why has it been difficult for you to secure employment? \_\_\_\_\_

## VETERAN INFORMATION

Are you a veteran? ☐ Yes ☐ No

If yes, list branch and dates of service \_\_\_\_\_

Type of discharge (check one) ☐ Honorable ☐ Service-Connected Disability  
☐ Less than Honorable ☐ Dishonorable

Are you the spouse of any of the following individuals? ☐ Yes ☐ No

(mark all that apply)

- ☐ Any veteran who died of a service-connected disability
- ☐ Any member of the Armed Forces serving on active duty who, at the time of application for assistance under this section, is listed, pursuant to Section 56 of Title 37 and regulations issued there under by the Secretary, concerned in one or more of the following categories and has been so listed for a total of more than 90 days:
  - Missing in action
  - Captured in line of duty by hostile force or
  - Forcibly detained or interned in line of duty by a foreign government or power
- ☐ Any veteran who has a total disability resulting from a service-connected disability or
- ☐ Any veteran who died while a disability so evaluated was in existence

## DISABILITY INFORMATION

THE FOLLOWING INFORMATION IS HELPFUL IN SUPPLYING CUSTOMER NEEDS; HOWEVER, YOU ARE **NOT** REQUIRED TO PROVIDE AN ANSWER.

Do you have a disability? ☐ YES ☐ NO

If yes, is the nature of your disability: ☐ Permanent? ☐ Temporary?

Do you require any accommodations to access WIOA services? ☐ YES ☐ NO

If yes, what accommodations do you require?

Please explain: \_\_\_\_\_

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.

PLEASE GIVE US ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT:

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**PLEASE NOTE THAT ALL INFORMATION GIVEN IS CONFIDENTIAL UNLESS  
A "CONSENT TO RELEASE INFORMATION" FORM IS SIGNED.**

**Once this form is complete, you may fax, or email a completed copy to**

**ATTENTION: Elizabeth Guidry  
TRRC Adams County Workforce Office  
Quincy Workforce Center  
107 N. Third Street  
Quincy, IL 62301  
Email: [eguidry@trrcopo.org](mailto:eguidry@trrcopo.org)  
Fax: (217) 224-9145**