



WORKFORCE INNOVATION & OPPORTUNITY ACT
INITIAL QUESTIONNAIRE
Youth Programs for ages 17 – 24

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ PARENT PHONE: _____ LAST 4 # SSN: _____

ELIGIBILITY INFORMATION

- Are you between the ages of 17 – 24 years? Yes No
- Have you graduated from high school or obtained a GED? Yes No
- Do you have an IEP? Yes No
- Are you receiving Free/Reduced lunch? Yes No
- Are you subject to the juvenile or justice system? Yes No
- Are you pregnant or parenting? Yes No
- Are you homeless? Yes No
- Is English a second language for you? Yes No
- Are you in foster care? Yes No
- Are you aged out of foster care? Yes No

FAMILY INCOME INFORMATION

- Are you or your family receiving; (check all that apply): Salary/Wages TANF SNAP/Food Stamps
- Social Security Unemployment Benefits Child Support SSI

Number of family members living in household: _____

Estimated gross household income (all family members) for the past SIX months: _____

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

EMPLOYMENT INFORMATION

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 actively looking for work? Yes No

Would you be interested in part-time (up to 29 hours per week) work experience? Yes No

What Skills do you have? _____

EDUCATION | TRAINING

What month and year do you anticipate graduating from high school? _____ **OR**

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 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 assistance with tuition, books & Fees to begin a new training program? Yes No

If yes, Name of the program / Course of study _____

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 _____

VETERAN INFORMATION

Are you a veteran? Yes No

If yes, list branch and dates of service _____

Type of discharge Honorable Service-Connected Disability Less than Honorable Dishonorable

Are you the spouse of any of the following individuals **(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
 - 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

PERSONAL INFORMATION

What are your interests or hobbies? _____

List any certificates or licenses you have: _____

Please list any other agency that may be assisting you: _____

PLEASE CHECK THE TYPE OF ASSISTANCE YOU ARE SEEKING:

- Work Experience** Employment opportunities (up to 29 hours per week)
- Training** Financial assistance with community college or technical school

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

PLEASE EMAIL THIS FORM TO:

workforce@trrcopo.org for *Adams, Pike, Brown and Schuyler Counties*

robisonlucas6@gmail.com for *Knox, Warren and Henderson Counties*

kbanninga@mtcnw.net for *Hancock and McDonough Counties*

WORKFORCE OFFICE LOCATIONS

Adams County

Quincy Workforce Center
107 North 3rd Street,
Quincy, IL 62301
(217) 718-6359

Pike County

Workforce Office
120 South Madison Street
Pittsfield, IL 62363
(217) 285-2216

Hancock County

Workforce Office
U of I Extension Building
550 N. Madison St.
Carthage, IL 62321
(217) 357-6749

McDonough County

Workforce Office
1st Bankers Trust Building
440 N. Lafayette, Suite 110
Macomb, IL 61455
(309) 837-1280

Brown County

Workforce Office
108 North Capitol Avenue,
Mount Sterling, IL 62353
(217) 740-7962

Schuyler County

Workforce Office
220 West Washington
Rushville, IL 62681
(217) 740-7962

Knox County

Workforce Office
Bondi Building
311 E. Main St, Ste. 612,
Galesburg, IL 61401
(309) 343-9832

Warren/ Henderson Counties

Workforce Office
81 Public Square
Monmouth, IL 61462
(309) 734-4745

For inquiries, contact the WIOA Youth Coordinator at: wioayc@gmail.com