

YOUTH & LITERACY SERVICES APPLICATION



Please print your responses to the following questions and send via email to bossinfo@cobbworks.org. If you are unable to print, you can contact our offices at 770-528-4300 for options. Complete a separate form for each applicant.

Applicant Name First _____ M.I. _____ Last _____		Social Security Number - -	
Birth Date (mm/dd/yy) / /		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian/Other Contact Name		Guardian/Other Contact Work Number: () /fax ()	
Home Phone: ()	Cell Phone ()	Email Address:	
Mailing Address:	City	State	Zip code
Home Address	City	State	Zip code
Someone with whom we can leave a message that does not live with you. Name: _____ Phone: _____		Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary	
Are you a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a US Citizen, please complete: Permanent Resident Card #: _____ Exp. Date ____/____/____		
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Bi-racial/other			

ELIGIBILITY INFORMATION		
Are you a Cobb County resident?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Do you have access to a laptop/tablet and internet	<input type="checkbox"/> YES	<input type="checkbox"/> No
If NO, do you need help acquiring a laptop or internet?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Do you have a disability or an Individual Education Plan (IEP)	<input type="checkbox"/> YES	<input type="checkbox"/> No
Does anyone in your household receive any of the following: <input type="checkbox"/> SS Benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Support <input type="checkbox"/> Other:		
Are you between the ages of 16-24? Please answer the following questions:		
Are you behind one or more grade levels in school? (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> No
Do you have a misdemeanor or felony conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Are you a high school dropout? Withdrawal Date:	<input type="checkbox"/> YES	<input type="checkbox"/> No
Are you a runaway youth and/or homeless?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Are you pregnant or parenting a child?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Are you currently in <u>or</u> have ever been in foster care?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Do you need assistance in completing an educational program or securing and retaining a job?	<input type="checkbox"/> YES	<input type="checkbox"/> No
OFFICE USE ONLY		
High Poverty Census Track: _____	% Below Poverty Level _____	
Staff Signature _____	Date _____	

Applicant Name: _____ **Social Security #:** _____

Income Period: From: _____ To: _____
 (The income review period includes the last six months of paystubs) (Application Date)

Family Composition: List each family member related by blood or marriage currently living in the home.

Family Member	Name	Relationship	Social Security #	Age	Copies of last 6 months of Income (as applicable)
1.		(self/applicant)			<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>

Certification:	I attest that to the best of my knowledge the information above is true and correct.	
	Applicant Signature	Date
	Parent/Guardian Signature	Date

Family income calculations include the following:	Family income calculations exclude the following:
<ul style="list-style-type: none"> • Money, wages and salaries before any deductions (gross) • Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses) • Net receipts from farm self-employment (receipts from a farm which one operates as owner, renter or sharecropper, after deductions for farm operating expenses) • Social security disability income (SSDI) • Regular payments from railroad retirement, strike benefits from union funds, workers' compensation and training stipends • Alimony • Military family allotments or other regular support from an absent family member or someone not living in the household • Pensions, whether private or government employee (including military retirement pay) • Regular insurance or annuity payments • College or university grants, fellowships and assistantships (see exclusion for needs-based scholarship assistance) • Net gambling or lottery winnings 	<ul style="list-style-type: none"> • Unemployment compensation • Child support payments • Foster care payments • Public Assistance payments (TANF, SSI, RCA, GA) • Old age and survivors insurance benefits • Financial assistance under Title IV of the Higher Education Act (i.e. Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work Study) • Needs-based scholarship assistance • Income earned while a veteran was on active military duty and certain other veterans' benefits (see policy for exclusions) • Capital gains • Any assets drawn down as withdrawals from a bank, the sale of a property, a house or a car • Tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments or other compensation for injury • Noncash benefits such as employer-paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals and housing assistance

OFFICE USE ONLY			
Income Review:	Family Size:	Income Limit:	Total Six Months of Income:
Staff Signature:			Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION I: Instructions to Employer

The information requested below, about employment; is required of applicants to determine eligibility for WIOA services provided through WorkSource Cobb. Please provide the requested information regarding employment and earnings for this individual listed in Section II **for the six (6) months immediately preceding the date of this request.** When completed, **please fax this form to 1-888-901-5445.** You may contact staff at 770-528-4300 with any questions. Thank you for your assistance.

Name of Company: _____ Phone: _____

Dates Employed: _____ to _____
 Begin Date End Date

Pay Rate: _____ per _____
 Amount Hour/Month/Year

Gross Wages Earned
 During the preceding six (6) months: \$ _____ to _____
 Amount Date Date

Position Title: _____

Employer Representative Name _____ Employer Phone # _____ Date _____

SECTION II: Instructions to Applicant/Applicant's Parent/Guardian

A separate form must be completed for each person in the home who has been employed within the last six (6) months. If you worked for different employers during the past six (6) months, use a separate form for each. Complete the following information in this section to be used by the employer's representative when completing this form.

Employee Name: _____

Employee SS#: _____ DOB: _____

Employee Signature: _____ Date of Request: _____

**The date of the request should be the same as the application date.*

SECTION III: Applicant Authorization to Release Information (To be completed by applicant)

I hereby authorize the release, reporting, and/or confirmation of the information requested above. I understand this information is necessary to determine eligibility for programs and/or services administered by WorkSource Cobb. I further authorize the staff of WorkSource Cobb, its subcontractors, or authorized representatives to obtain additional verbal or written information, if necessary. This authorization shall remain valid for two (2) years from the date of my signature. I understand all information released to WorkSource Cobb will be confidential and will not be released by WorkSource Cobb without my written consent. I agree that a photo copy or facsimile transmission is as valid as the original.

Applicant Name (Printed) _____ Signature _____

Applicant Social Security #: _____ Date of Birth: _____

Parent/Guardian Name (Signature) _____ Date Signed _____
 (Required if Applicant is not 18 years or older)

