



Ohio Department of Job and Family Services
**CCMEP WIOA YOUTH & CCMEP TANF
 PROGRAM ELIGIBILITY APPLICATION**

Plan, Achieve, Thrive, Hired!

SEEKER ID

Applicant Name (First, MI, Last)		SSN ### - ## - #####	
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####		Alternate Phone Number (###) ### - ####	
Emergency Contact		Contact Person's Phone Number (###) ### - #####	
Applicant Email Address	Date of Birth	Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	

Demographic & Education Information

1. What is your ethnicity?

- Latino Not Latino Prefer not to answer

2. Citizenship: (check all that apply)

- US Citizen
 Registered Alien
 Refugee
 Other Legal Alien
 Other _____

3. What is your race? (check all that apply)

- Black/African American White
 Asian
 American Indian / Alaska Native
 Hawaiian Islander / Other Pacific Islander
 Other _____

4. Are you legally restricted from using a computer?

- Yes No

5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?
 Yes No

If YES, provide name: _____

6. What is your education level?

Highest grade completed: _____

- Current high/junior high school student
 Withdrew from high school, no HS diploma
 Completed 12th grade, but no HS diploma
 Obtained certificate of equivalency for high school diploma
 High school graduate
 Some post high school education, no degree
 College degree: Associate Bachelor Masters/Prof.

7. Do you have work experience in Agriculture within the last 12 months? Yes No

8. What is your education status?

- I am not a student
 I am a student at a college or technical school
 I am a student in a HS equivalency program
 I am a high school student, at grade level
 I am a high school student, behind grade level

9. Have you served in the US Military? Yes No

If YES, what are your active duty dates:
 _____ to _____

10. Are you a Spouse of a Veteran? Yes No

11. Are you a Homeless Veteran? Yes No

12. Do you hold a valid Driver's License? Yes No

If YES, Type/Class:
 Non-Commercial (D)
 or
 CDL: A; B; C

Part A. WIOA Information

1. Are you interested in an Apprenticeship?

- Yes No

2. Have you registered for Selective Service (for males 18 or older)? Yes No Exempt

If YES, SSR #: _____

3. Are you enrolled in ASPIRE? Yes No

4. Have you received OWF for one or more years?

- Yes No

11. Have you taken a recent math/reading assessment?

- Yes No

12. Do you use recreational drugs or drink regularly?

- Yes No

13. Are you a single parent? Yes No

14. What is your native or primary language? _____

15. Do you think you have a cultural barrier that might hinder employment? Yes No

16. Are you homeless? Yes No

<p>5. Are you a public assistance recipient (cash/food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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WIOA Income Eligibility (If needed) - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older*.

Do you provide more than 50% of your own support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married or separated but not divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

Household Members Average Monthly Income for the past (6) months				
Name	Age	Relationship	Hourly / Weekly Wage	Average Monthly Income
		Self		
Total				

Part B. TANF Funding Eligibility - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment? Yes No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance? Yes No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP? Yes No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
Total			

5. Do you have a child under age 18 or 18 who is attending high school full-time? Yes No
 Number of children _____ Oldest child age _____
6. Are you one of the following (*check all that apply*): a minor child (including age 18 attending high school full-time); a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote? Yes No N/A (age 16 or under)

Acknowledgement

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

Parent/Guardian Signature:

Parent/Guardian Signature (<i>If applicant is under age 18**</i>)	Date
Applicant Signature	Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

WIOA Funding Eligibility Determination:

Is the individual In-School (ages 14-21) **OR** Out-of-School (ages 16-24)

Does the youth need to be low income based on their school status and/or barriers to employment/education?

Yes No

If youth needs to be low-income, do they meet this requirement (if youth has disability, only the youth's income is counted)? Yes (Check all that apply) No

At or below 100% of FPL

At or below 70% lower living standard (LLSIL). Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance

Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)

Lives in a high-poverty census tract/area.

Foster Child

Homeless

5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)

If in-school, is the individual low-income and do they have at least one of the documented barriers to employment?

Yes (Check all that apply below) No

Is basic skills deficient

Is an English language learner

Is an offender

Is a homeless individual, homeless child or youth, or a runaway (Describe: _____)

Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption

Is pregnant or parenting

Is an individual with a disability

Needs additional assistance to complete an educational program or to secure or hold employment (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

If out-of-school, does the individual have at least one of the below documented barriers to employment?

Yes (Check all that apply below) No

School dropout

School age youth that has not attended school for at least the most recent school quarter

Individual subject to the juvenile or adult justice system

Homeless/Runaway

Foster Care/aged out of foster care

Pregnant/parenting

Disabled

Needs additional assistance and is low-income as defined by your local area policy and is low-income (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

Youth who received HS diploma or equivalent, is low-income and is:

English language learner

Basic Skills deficient

Is the individual authorized to work in the United States? Yes No

If the individual is a male over age 18, has he registered for Selective Service? Yes No

What is the documented reason for youth eligibility? (Select one)

Family Assistance (SNAP/TANF/SSI) received in past six months

Family income does not exceed poverty line or 70% of LLSIL

Homeless, Homeless child/youth

Received or eligible to receive free/reduced lunch

In foster care or aged out of foster care

Individual with a disability

Living in a high poverty area

5% low-income exception

Youth barriers documentation:

- Is basic skills deficient
- Is an English language learner
- Is an offender
- Is a homeless individual, homeless child or youth, or a runaway
- Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?
- Is pregnant or parenting
- Is an individual with a disability
- Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*)

WIOA Funding Eligibility Decision:

- WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)
- 5% low-income exception for WIOA
- 5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)
Describe: _____
- WIOA Out-of-School Youth Program eligible – low income not required
- WIOA Out-of-School Program eligible (*low income required and barrier(s):* _____)

- Eligible In-School Youth; Eligible Out-of-School Youth;
or
- Ineligible for WIOA Funding

Signature of WIOA Eligibility Staff

Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

TANF Funding Eligibility Determination:

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment? Yes No **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income [under 200% of the Federal Poverty Guidelines?](#) Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination. Yes No

Does the individual have a child under age 18? Yes No

Is the individual one of the following (*check all that apply*): a minor child; a parent, specified relative, legal guardian or legal custodian of a minor child; a non-custodial parent; a pregnant individual; or an individual age 18-24 that is part of a family that includes a minor child? Yes No

TANF Funding Eligibility Decision:

- TANF Funding Eligible; OWF work eligible; OWF volunteer; PRC
- or
- Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

**** If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.**

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? Yes No
2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial		Jr., II, etc.	
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office			6. ZIP Code
7. Additional Mailing Address (if necessary)				8. County (where you live)		FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.	
9. Birthdate (MM/DD/YYYY) (required)		10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)			
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office		Previous County		Previous State			
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature



Date

(MM/DD/YYYY)
