

Please bring all required documents and completed forms to the initial meeting. If you are unable to print the WIOA Intake Packet from home, visit the Virginia Career Works center. All required documents and completed forms must be provided at your scheduled meeting or you will need to reschedule for a later date.

All individuals must be registered on the VAWC (www.vawc.virginia.gov) website prior to initial meeting.

ALL applicants must provide the applicable documents below:

- ☐ 1. Social Security Card
- ☐ 2. Driver's License/Government ID (e.g. DMV ID)
- ☐ 3. Proof of US Citizenship or Legal authorization to work in the US (birth certificate, passport, INS card, valid work permit—should be valid for at least one year)
- ☐ 4. HS Diploma, GED, or Degree
- ☐ 5. Current Resume
- ☐ 6. Pre-Application
- ☐ 7. Participant Responsibility Form

IF APPLICABLE:

- ☐ 8. Selective Service Registration verification or status letter (for males born after 1960) – sss.gov
- ☐ 9. Veteran Status (DD214, military ID)
- ☐ 10. Offender Status (Court order, Police Report, Letter from Probation Officer)
- ☐ 11. Verification of disability (letter from DARS or Disability Agency or Doctor's letter)

To be eligible for WIOA, you must qualify as an Adult OR Dislocated Worker category. Refer to page 2 for details.

Enrollment Requirements for the Adult and Dislocated Worker Programs

You will only need to provide documentation for ONE of these program areas.

Adult Program <i>Please provide documents for one of the following.</i>	OR	Dislocated Worker Program <i>Please provide documents for one of the following.</i>
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Public Assistance verification Food Stamp Notification Letter, TANF information <i>Note: If you are receiving public assistance, you do NOT need to bring the documents listed below</i> </div> <div style="text-align: center; margin-bottom: 10px;">OR</div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Income verification – based on the charts below 6-months of pay stubs, bank statements, alimony statement, SSI/SSDI statement, etc. of <u>ALL</u> family members in the household <u>who were working</u> during the last 6 months <p style="text-align: center;">AND</p> </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Family Size Verification Most recent tax return, lease, etc. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification of disability – <i>if applicable</i> Letter from DARS or Disability Agency or Doctor’s letter regarding disability. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification of Homelessness – <i>if applicable</i> Letter from shelter, etc. </div> <div> <input type="checkbox"/> Verification of Foster Care Child – <i>if applicable</i> Court custody, etc. </div>		<div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification of UI and DW status Termination letter from employer, news media regarding plant closure AND Letter from Virginia Employment Commission or other State’s Unemployment Insurance Office regarding approval to receive Unemployment Insurance compensation. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification of business closure due to current economic conditions or natural disaster – <i>if applicable</i> Business license, bankruptcy documents, Tax returns, bank statements, etc. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification of Displaced Homemaker status – <i>if applicable</i> Divorce/Separation papers, death papers, documents proving that you have totally relied on the other family member’s income and have not worked during the cohabitation/marital relationship, etc. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Verification that you are the spouse of a member of the Armed Forces on active duty and have experienced loss of employment as a direct result of relocation to accommodate a permanent change in duty station. – <i>if applicable</i> Paystub from previous employer and active duty document. </div> <div> <input type="checkbox"/> Verification that you are the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. – <i>if applicable</i> Paystub from previous/current employer and active duty document. </div>

“The Virginia Career Works Fredericksburg Center is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD: VA Relay Center: 711 or 800.828.1120. This workforce product was 100% supported with U.S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act funds under contract (RGI16-001, \$350,309.33) awarded to Rappahannock Goodwill Industries by the Bay Consortium Workforce Development Board. This does not necessarily reflect the official position of the VCCS or DOLETA.”



WORKFORCE INNOVATION AND OPPORTUNITY ACT PROGRAMS PRE-APPLICATION



The information that you provide on this application is **confidential** and will be used by the Workforce Innovation and Opportunity Act (WIOA) programs to pre-screen for eligibility purposes.

Date: _____ **How did you hear about us?** _____

Previous Occupation: _____

Desired Occupation: _____

GENERAL INFORMATION

Name:	Last 4 of SSN:
Street Address:	
City:	
State:	Zip Code:
Phone:	Alternate Phone:
Email Address:	
Date of Birth:	County of Residence:
Age:	Gender: M F
Marital Status:	Race:
Single	White
Married	Asian
Separated	African American
Divorced	Hawaiian/Pacific Islander
Widowed	American Indian/Native Alaskan
	Other

EDUCATION (check all that apply)

HS Diploma	or	GED	If neither, last grade completed:
Vocational School		Major:	
Certificate Program		Major:	
Associate's Degree		Major:	
Bachelor's Degree		Major:	
Master's Degree		Major:	
PhD Degree		Major:	
Are you currently in school?	Yes	No	If yes, where?
Are you interested in furthering your financial literacy?	Yes	No	

EMPLOYMENT

Currently Employed? Yes No

Please provide us with the most recent or current place of employment.

Employer Name:

Job Title:

Start Date:

End Date:

Pay Rate:

Hours Per Week:

Is this Job Secure?: Yes No

If no, why not?:

OTHER INCOME

Please check all sources of income and financial assistance (applied for or receiving). Information will be verified.

TANF	Amount:	SNAP	Amount:
Unemployment	Amount:	Child Support	Amount:
Social Security Disability	Amount:	Social Security Survivors	Amount:
Workers Compensation	Amount:	Alimony	Amount:
Social Security Retirement	Amount:	College Scholarships	Amount:
Military Pay	Amount:	Refugee Cash Assistance	Amount:
SSI	Amount:	Veteran's Assistance	Amount:

FAMILY INCOME

Please list the name of all family members presently living in the home.

Family Member	Age	Relationship	Employed in the last 6 months?		If so, estimated total amount earned?
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$
			Yes	No	\$

OTHER INFORMATION

Please check all that describes your situation.

Homeless	Ex-Offender	Foster Care	Pregnant
Parenting	English Language Learner	Disability	Veteran
Single Parent	No Work History	Substance Abuse	Lacks Skills/Training

I hereby certify that all of the information is correct to the best of my knowledge.

Signature:

Date:

Virginia Career Works - Fredericksburg
Workforce Innovation and Opportunity Act (WIOA)
PARTICIPANT RESPONSIBILITY FORM

Review the information below and sign to acknowledge your understanding. The WIOA staff will answer any questions on the information below during your scheduled screening.

☐ **Enrollment Requirements**

Requirements are outlined in the WIOA information session and on Page 2 of the WIOA Enrollment Packet. Documents will be collected to verify eligibility prior to enrollment.

☐ **Program Objectives**

The goal of the WIOA Program is employment. WIOA Career Services Specialist will connect participants with job referrals, workshops, job fairs, and possibly training to assist in reaching this goal.

☐ **Responsibilities of participants**

Participants are responsible for maintaining monthly contact with their Career Services Specialist and notifying Career Services Specialist of anything affecting employment or services being provided while in the program. If a participant does not meet with their Career Services Specialist for more than thirty (30) days during enrollment, the WIOA case will be closed and they may not be eligible for enrollment in the future.

☐ **Length of participation**

Program participation varies based on the employment and training needs of each client but is usually less than one year.

☐ **Vocational Guidance**

WIOA Career Services Specialist will provide vocational guidance to include review of Labor Market Information (LMI) to identify in-demand jobs and will discuss services needed to assist participants in finding employment.

☐ **Individual Employment Plan (IEP)**

Participants will work with their WIOA Career Services Specialist to create an Individual Employment Plan (IEP) outlining the services needed to find employment and to act as a guide while in the program.

☐ **Assessments**

Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by Career Services Specialist.

☐ **Validation of employment or employment verification**

Participant will provide Career Services Specialist validation of employment once obtained to include paystubs, offer letter, or bank statements (if applicable).

☐ Training

After completing assessment(s), IEP, and job development, if applicable, participants can request training if determined appropriate. Training must be in-demand based on LMI and take into consideration participant's experience, education, and skills. Training providers and courses must be listed on the Eligible Training Provider List (ETPL) and should be completed in less than one year. Trainings should be related to an industry-recognized credential that will assist participants in meeting employment goals as outlined in the IEP.

The following must be completed **PRIOR** to starting training:

Promise To Pay – A signed authorization form must be completed by the WIOA Career Services Specialist and signed by the Career Services Coordinator to approve training. *This will be sent directly to participant's chosen training provider.*

Authorization to Enroll – The Career Services Specialist will give the go ahead for participant to enroll in training.

If training is enrolled in and/or taken without signed approval prior to the start date, participant will be responsible for the training costs.

The following must be completed **DURING** training:

Keep In Touch – Participants will provide status updates while in training and provide copies of any transcripts or certificates received. Participant will inform Career Services Specialist of any changes, concerns, or supports needed during training.

The following must be completed **AFTER** training:

Credential – Upon successful completion of training, participant will complete at least one of the required industry-recognized licenses or credentials and provide verification to Career Services Specialist.

Follow-Up – Participant will be contacted once a month by the Follow-up Specialist for an update on status. During that time, if participant's employment status changes, job development services will be available.

I UNDERSTAND THE ABOVE WIOA REQUIREMENTS AND PROVISIONS.

Participant Signature: _____ Date: _____

WIOA Staff Signature: _____ Date: _____

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