

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name	SFO
00 Application Number	
01 Agency Code	
02 Social Security Number	

03 Universal Access Only 1 Yes 2 No		04 Application Date		05 Last Name		06 First Name / Middle Initial								
07 Street Address (Residence)				City / State (Residence)		08 ZIP (Residence)		09 Phone (Residence) ()						
10 Mail Street				Mail City / State		11 Mail ZIP		12 Message Phone ()						
13 GEO Code (Optional)	14a Citizen 1 Yes 2 No		14b Eligibility to Work in the U.S. 1 Yes 2 No		16 Gender 1 Female 2 Male		17 Birthdate		18 Age		19 Assessed 1 Yes, WIA Assessed 2 Yes, Non-WIA Assessed 3 Not Assessed		20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt From Registration 4 Not Required	
	15 Alien Doc #													
21 Race (select one or more)		22 Concurrent Participation				42 Disabled 1 Yes, Major 2 Yes, Substantial 3 No		47 Pregnant / Parenting Youth 1 Yes 2 No 9 Not Applicable						
AA Asian Indian		23 Adult Education 1 Yes 2 No				43 Limited English 1 Yes 2 No		48 Youth Needing Assistance (Additional Barriers) 1 Yes 2 No 9 Not Applicable						
AB Cambodian		24 Job Corps 1 Yes 2 No				44 Substance Abuse 1 Yes 2 No		49 Runaway Youth 1 Yes 2 No 9 Not Applicable						
AC Chinese		25 Migrant Seasonal Farmworker 1 Yes 2 No				45 Basic Skills Deficient 1 Yes 2 No 9 Not Applicable		50 Foster Child 1 Yes 2 No 9 Not Applicable						
AD Filipino		26 Native American Program 1 Yes 2 No				46 Offender 1 Yes 2 No 9 Not Applicable		51 Family TANF 1 Yes 2 No						
AE Guamanian		27 Veterans' Workforce Investment Programs 1 Yes 2 No												
AF Hawaiian		28 Veterans' / DVOP LVR 1 Yes 2 No												
AG Japanese		29 Trade Adjustment Act 1 Yes 2 No												
AH Korean		30 NAFTA-TAA 1 Yes 2 No												
AI Laotian		31 Vocational Education 1 Yes 2 No												
AJ Samoan		32 Vocational Rehabilitation 1 Yes 2 No												
AK Vietnamese		33 Wagner-Peyser 1 Yes 2 No												
AL Other Asian/Pacific Island		34 WtW-Participant 1 Yes 2 No												
AO Other Asian		35 Title V Activities (OAA) 1 Yes 2 No												
BL Black - Not Hispanic		36 Comm Srvc Blk Grant Pgm 1 Yes 2 No												
HI Hispanic		37 HUD Pgm 1 Yes 2 No												
NA American Indian/Alaskan Native		38 Other Non-WIA Pgm 1 Yes 2 No												
WH White - Not Hispanic		39 Rapid Response 1 Yes 2 No												
		40 Rapid Response - Additional Assistance 1 Yes 2 No												
		41 TANF 1 Yes 2 No												
		42 Food Stamp Training Program 1 Yes 2 No												
52 Family GA 1 Yes 2 No		53 Family RCA 1 Yes 2 No		54 Family SSI 1 Yes 2 No		55 Family Food Stamps 1 Yes, Eligible 2 Yes, Receiving 3 No		56 Number in Family		57 Number of Dependents < Age 18		58 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported		
59 Family Income (Prior 6 mos)		60 Low Income 1 Yes 2 No		61 TANF Exhaustee 1 Yes 2 No		62 Homeless 1 Yes 2 No 9 Not Applicable		63 Poor Work History 1 Yes 2 No		64 Unemployment Insurance 1 Yes, UI Claimant 2 Yes, UI Exhausted 3 No				
65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No		66 Disabled Veteran 1 Yes 2 Yes, Special disabled 3 No		67 Veteran Separation Date		68 Recently Separated Veteran 1 Yes 2 No		69 Campaign Veteran 1 Vietnam-era 2 Other Campaign Veteran 3 No		70 Spouse of Qualifying Veteran 1 Yes 2 No				



WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name	SFO
Application Number	
Agency Code	
Social Security Number	

Last Name		First Name / Middle Initial					
71 Highest Grade Completed	72 Education Status 1 Student, H.S. or Less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School	73 Reading Grade	74 Reading Score	75 Reading Test	76 Reading Version		
77 Math Grade	78 Math Score	79 Math Test		80 Math Version			
81 Labor Force Status 1 Employed 2 Not employed	82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage		84 Referred by WPRS (Profiling) 1 Yes 2 No			
85 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed 4 Self Employed 5 Displaced Homemaker 6 Not Applicable	86 Dislocation Date	87 Job Code at Dislocation	88 Job Title				
89 Dislocation Industry Code	90 Tenure at Employer of Dislocation (months)	91 Client's E-mail Address					
92 Employer Number		93 Employer Name					
Employer Address		Employer City		Employer State / ZIP	Employer Telephone ()		
94 Eligibility F Youth (age 14 – 18) A Adult WIA B Adult Low Income D Dislocated Worker	G Youth (age 19 – 21) H Veteran Grant I 5% Window Youth (age 14 – 18)	J 5% Window Youth (age 19 – 21) K ARRA Youth (age 14 – 24) N Long Term Unemployed X Not Eligible	Does client meet priority of service in Department of Labor veterans training program (Public Law 107-288)? Y Yes N No				
Signature of Interviewer		95 Interviewer ID			Date		
Signature of Reviewer		96 Reviewer ID			Date		
<p>Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty or perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.</p>							
Signature of Client		Date	Signature of Parent, Guardian or Responsible Adult		Date		
Remarks:							