



Applicant Documentation

For Youth Workers (ages 14 to 21)

To speed up our ability to help you,
please **bring one document from each of the three categories** to your appointment
with the CEP, Inc. Employment Specialist.

Social Security Number

Social Security Card
or
Social Security Benefits
Social Security NUMI Printout
W-2 Form
Employment Records *
Letter from Social Services Agency
IRS Form Letter 1722
DD-214 Report of Transfer or Discharge

Age

Birth Certificate
or
Drivers License
DD-214 Report of Transfer or Discharge
Federal, State or Local I.D. Card
Passport
Public Assistance/Social Services Record
School Records

Citizenship

Birth Certificate
or
Baptismal Certificate
Report of Transfer or Discharge (DD-214)
Hospital Record of Birth
Native American Tribal Document
Naturalization Certification
Social Security Administration Printout
US Passport
Voter Registration Card

Proof of Income

Pay Stub
or
Public Assistance Records/Printout
Copy of Public Assistance Check
Authorization to Receive Public Assistance
Award Letter from Veterans Administration
Court Award Letter
Employer Statement/Contact
Farm or Business Financial Records
Housing Authority Verification
Pension Statement
Letter from Food Stamp Disbursing Agency
Social Security Benefits
Unemployment Insurance Document

If an item is unavailable,
please speak to your Employment Specialist for an alternative.

PRE-REGISTRATION WORKFORCE INVESTMENT ACT

PLEASE PRINT & BRING TO YOUR LOCAL CEP, INC. OFFICE

Name		
Phone Number ()	Date of Birth	
Street Address or P.O.		
City	State	ZIP
County		
E-mail address:		

Social Security Number		
Your Social Security Number is required by law. It will be used to report your taxable earnings to the Internal Revenue Service and to identify your records in the WIA management information system. It may also be used for statistical purposes and to verify your eligibility for unemployment compensation and public assistance.		
<i>PLEASE GIVE US THE NAME, ADDRESS AND PHONE NUMBER OF A FRIEND OR RELATIVE WHO CAN GET A MESSAGE TO YOU.</i>		
Name		
Phone Number		
Street Address or P.O.		
City	State	ZIP
E-mail address:		

FAMILY INCOME STATEMENT (Read the directions below)

Family Member's Names	Relationship	Age	Income Source <small>(wages/SSI/pension/etc.)</small>	1 Month Income	Last 6 Months Income	Staff Use Only <small>Includable Last 6 Mo. Income</small>
Did all of the people listed above live with you the entire 6 months?.....				Total 6 Month Income x2 =		
Are you a foster child receiving government support?				Total Applicable Number in Family		
Are you disabled?						
If you had no income in the last six months, how were you supported?						

List as many jobs as you have space for. Most recent one first.

WORK HISTORY

Employer Name, Address & Phone #	Job Title	Start Date	End Date	Hourly Wage	Weekly Hours	Reason For Leaving

Read the following statements and sign on the line below: (If you are under 18, your parent/guardian must also sign).

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I understand that the information may be checked and that I may have to show documents to support it.
- I realize that services will be terminated if I am found to be ineligible after enrollment.
- I am aware that I may be prosecuted for fraud/or perjury if I deliberately give false information.
- I agree to allow release of information on this form for any verification check that is necessary.

FAMILY INCOME STATEMENT INSTRUCTIONS

- COLUMN 1** List the FAMILY MEMBERS NAME of every person (including yourself) who lived in your household at any time during the last six months AND any other family member who does not live with you, but who you claimed as a dependent on last year's tax return.
- COLUMN 2 & 3** List each person's RELATIONSHIP to you and their AGE.
- COLUMN 4** List each person's INCOME SOURCE (if any) from the list below.

<u>AGES (before deductions)</u> <input type="checkbox"/> Job <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> Military <input type="checkbox"/> Other Employment <input type="checkbox"/> Other: _____	<u>SELF EMPLOYMENT (after expenses)</u> <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Commissions <input type="checkbox"/> Other <u>PUBLIC ASSISTANCE</u> <input type="checkbox"/> AFDC <input type="checkbox"/> SSI <input type="checkbox"/> RNIP <input type="checkbox"/> General Relief/Work Relief <input type="checkbox"/> Foster Child <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other: _____	<u>PRISONER PAY</u> <input type="checkbox"/> Institution Assignment <input type="checkbox"/> Gate Pay <u>FARM PAYMENTS</u> <input type="checkbox"/> Soil Bank <input type="checkbox"/> Other: _____ <u>FAMILY ASSISTANCE</u> <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Allowances <input type="checkbox"/> Other: _____	<u>COMPENSATION</u> <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Other Unemployment Compensation <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other Disability Benefits <input type="checkbox"/> Death Benefits <input type="checkbox"/> Trade Adjustment Payments <input type="checkbox"/> Other: _____ <u>STUDENT BENEFITS</u> <input type="checkbox"/> Scholarships/Grants <input type="checkbox"/> G. I. Bill <input type="checkbox"/> Student Loans <input type="checkbox"/> Other: _____	<u>MISCELLANEOUS</u> <input type="checkbox"/> Personal Retirement <input type="checkbox"/> Terminal Leave Pay <input type="checkbox"/> Interest <input type="checkbox"/> Dividends <input type="checkbox"/> Rent Receipts <input type="checkbox"/> Gifts/Inheritance <input type="checkbox"/> V. A. Benefits <input type="checkbox"/> Accident/Health Insurance <input type="checkbox"/> Income Continuation Plan <input type="checkbox"/> Food/Lodging <input type="checkbox"/> Capital Gains, Losses <input type="checkbox"/> Other: _____
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- COLUMN 5** List ONE MONTH INCOME received from each source listed in Column 4.
- COLUMN 6** List the LAST 6 MONTHS INCOME received during the last 6 months from each source in Column 4.
- COLUMN 7** STAFF USE ONLY: please leave this column blank.

*****Eligibility for most WIA programs is based on the six requirements listed below.

Before you are enrolled, or at some time after you are enrolled, you may have to provide proof that you met eligibility requirements.

1. U.S. Citizenship, or documentation to work in the U.S.
IF YOU ARE NOT A CITIZEN, YOU WILL BE ASKED TO SHOW YOUR ALIEN REGISTRATION CARD.
2. Residence in the area where you were enrolled.
YOU MAY BE ASKED TO PROVIDE IDENTIFICATION THAT SHOWS YOUR CURRENT ADDRESS.
3. Age (14 – 21 for youth programs, 18+ for adult programs)
YOU MAY BE ASKED TO SHOW A BIRTH CERTIFICATE, DRIVER'S LICENSE OR SCHOOL RECORDS THAT SHOW YOUR AGE.
4. Economic Status (low family income, receiving public assistance or food stamps, foster child, or disabled adult low income).
YOU MAY BE ASKED TO PROVIDE PROOF OF INCOME SUCH AS WAGE STATEMENT FOR LAST SIX MONTHS, SELF EMPLOYMENT RECORDS, OR COPY OF PUBLIC ASSISTANCE CERTIFICATION.
5. Registration under the Selective Service Act if it applies to you (males only).
YOU MAY BE ASKED TO SHOW YOUR REGISTRATION CARD IF YOU HAVE ONE, OR IF YOU HAVE REGISTERED AND HAVE NOT YET RECEIVED YOUR CARD, YOU MAY BE ASKED TO SIGN A STATEMENT THAT YOU HAVE REGISTERED, INCLUDING DATE AND PLACE.
6. Layoff or termination from job and either currently receiving, or were receiving but exhausted, unemployment benefits.
YOU MAY BE ASKED TO SHOW YOUR UNEMPLOYMENT COMPENSATION RECORD CARD.

**Release of Information Form
NWCEP**

I, _____ authorize employers, schools, and other service providers to release information to the NWCEP to assist in providing me with services including, training, employment, relocation assistance and / or follow-up services after program exit.

I further authorize the NWCEP to place my program information in common data banks (State of WI & NWCEP), which shall be accessible by other service agencies providing applicable services.

I authorize NWCEP to have access to wage and employment information from my employers, State of WI, NWCEP, and through the Unemployment Insurance System. The use of information shall be for the purpose of planning services, meeting program standards and reporting performance information to funding sources.

This release takes effect upon date of registration, and may continue for up to two years after I received my final services from NWCEP. I understand that this information will be kept confidential as defined by the federal, state, and local guidelines; and that if I want to withdraw this release of information, it is my responsibility to state so in writing to my Employment Specialist.

Applicant Signature

Date

Parent/Guardian Signature if under 18

Date

NW CEP Staff Signature

Date

**PARENTAL CONSENT FOR CUSTOMER SATISFACTION SURVEY
YOUTH UNDER 18 OF AGE**

Youth Name _____

I have been advised that customer satisfaction is important to the program management staff and the State of Wisconsin. I understand that the above named participant may be contacted for information about his/her experience with the services that have been provided, and hereby give my consent for a telephone interview for that purpose.

I also understand that participation in a customer satisfaction survey is voluntary and that refusal to grant this permission will not affect my child's eligibility to receive needed services.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

CEP, Inc.
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student Name _____ Social Security # _____

In School: Present Grade _____ Out of School: Graduation Year _____

Drop out: Last Date Attended School _____ Grade at that Time _____

I hereby request and authorize _____ School to furnish CEP, Inc. the following information for the above named student.

1. The student's Reading Grade Level and Test Date
2. The student's Math Grade Level and Test Date
3. A copy of the student's I.E.P. Cover Sheet or Multidisciplinary Report, if applicable

PARENT/ GUARDIAN SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY A SCHOOL STAFF MEMBER

I _____ certify that _____ is living at _____ and there are _____

members of the family at this residence.

SCHOOL STAFF SIGNATURE _____ **DATE** _____

READING LEVEL _____ TESTING DATE _____ TEST NAME _____

MATH LEVEL _____ TESTING DATE _____ TEST NAME _____

If testing has not been done this school year, we need a faculty member's written assessment of the student's basic math and reading skill levels. This must be recorded as a Math grade level and a Reading grade level, not a percentile rank or stanine score. Please complete the following statement.

"This student has not been tested for math and reading skills in this present school year. As a school faculty member, my assessment (based on school performance and most recent tests available) is that this student is functioning at a _____ Math Grade Level and a _____ Reading Grade Level."

SCHOOL STAFF SIGNATURE _____ **DATE** _____

NORTHWEST WISCONSIN CEP, INC.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

THIS FORM FULLY PROTECTS YOUR CIVIL LIBERTIES WHEN THE FOLLOWING CONDITIONS ARE MET:

1. Make sure all blanks on the form are filled in before you sign it.
2. Make sure that the release of information is in your best interest.
3. Make sure you understand that the release of information is limited to the persons or organizations named below and may not be passed on to anyone else or used for any purpose other than specified below.

Client's Name _____ Social Security # ____ / ____ / ____

Address _____
(Street/RFD/Box #) (City) (State) (Zip)

I hereby request and authorize the SOCIAL SECURITY ADMINISTRATION to furnish NORTHWEST WISCONSIN CEP, INC. the following information: Citizenship/Work Document.

I am aware that the purpose or need for the disclosure of such information is to determine my eligibility to participate in WIA programs.

I hereby release the SOCIAL SECURITY ADMINISTRATION from all legal responsibilities or liability that may arise from the act.

I understand that this consent may be revoked by me at any time by written notice to the NORTHWEST WISCONSIN CEP, INC., and that information release prior to any revocation cannot be retrieved nor can the SOCIAL SECURITY ADMINISTRATION be held responsible for such an act.

Client's Signature (Expires 60 Days) Date

NWCEP Staff Signature Date

FOR SOCIAL SECURITY ADMINISTRATION USE ONLY

The above named client is (check one):

- US Citizen/National
- Refugee

- Other Documented Alien
- None of the Above

Social Security Staff Signature and Title

Date of Signature