

WORKFORCE INVESTMENT ACT(WIA): PRELIMINARY APPLICATION

OFFICE USE ONLY: DATE RECEIVED _____

ABELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES@

Mailing Address: 310 Fox-Shannon Place, St. Clairsville, Ohio 43950

WIA Office Location: 302 Walnut Street, Martins Ferry, Ohio 43935
(740) 633-5627 or Toll-Free 1-877-516-5627

THE COMPLETION OF THIS FORM DOES NOT CREATE AN ENTITLEMENT TO SERVICES

Name _____ Social Security # _____

Address _____ City _____

State _____ Zip _____ County _____ Telephone # _____

Birth date _____ Race/Ethnic Background _____

Gender ____ Male ____ Female Veteran ____ Yes ____ No

Please provide the following information regarding your request for training assistance:

School Name _____ Program _____

Start Date _____ GPA _____

Type of Assistance Needed(Please Acheck@ below)

____ Tuition ____ Books ____ Tools ____ Uniforms ____ Gas Stipend ____ Daycare ____ Other

Financial Aid Receiving: ____ PELL ____ OIG ____ Other(Specify) _____

Family Size ____ **Estimate of Family Gross Income for Last 6 Months** _____

Please check if you receive any of the following or if they apply to you:

____ OWF/TANF ____ Currently receives food stamps or received in the last 6 months

____ Homeless ____ Foster Child ____ SSI ____ Disability

Have you lost your job due to a permanent layoff or closing of your place of employment? ____ Yes ____ No

Are you an individual who has been providing unpaid services to family members in the home and has been supported by the income of another family member, such as a spouse, but has lost that income support due to death, divorce or other reason? ____ Yes ____ No

Are you unemployed, underemployed or having difficulty finding employment? ____ Yes ____ No

THIS AGENCY DOES NOT EXCLUDE INDIVIDUALS FROM OPPORTUNITIES OR MAKE DECISIONS BASED UPON RACE, COLOR, RELIGION, NATIONAL ORIGIN, POLITICAL AFFILIATION, AGE, OR DISABILITY.

IMPORTANT(Please read the statement below, Acheck@ DO/DO NOT accordingly, sign and date:

I ____ DO ____ DO NOT authorize the exchange of information as it pertains to this application between the Belmont County Department of Job and Family Services and training provider listed above.

Signature _____ **Date** _____