



WIOA ELIGIBILITY WORKSHEET

America's Job Center of California (AJCC)

Blythe Indio Hemet Moreno Valley Riverside

ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY

Name: _____

Date of Birth _____ Gender: Female Male

Street Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Alternate Contact (Name & Number): _____

General Information

Are you a: Citizen of the U.S. or U.S. Territory
 U.S. Permanent Resident (*Alien/USCIS #:* _____)
 Alien/Refugee Lawfully Admitted to the U.S. (*Alien/USCIS #:* _____)
 None of the Above

Are you registered with Selective Service? (male born after 12/31/59) Yes No N/A

Hispanic/Latino Heritage: Yes No I do not wish to answer

Race (Ethnicity) check all that apply:
 African American/Black American Indian/Alaskan Native Asian
 Hawaiian/Other Pacific Islander White I do not wish to answer

Military Services

Are you currently in the military, a veteran, or the spouse of a veteran? Yes No (If No, skip to Employment section)

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? Yes No

Are you a current member of the California National Guard? Yes No

Are you a Transitioning Service Member? Yes No
If Yes, are you: Within 12 months of discharge Within 24 months of retirement
Estimated discharge date: _____

Eligible Veteran Status? Yes, Less than 180 days Yes, Eligible Veteran
 Yes, Other Eligible Person No

Served more than one (1) tour of duty? Yes No
Service Entry Date(s): _____
Service Date: _____

Campaign Veteran: Yes No
Are you a Disabled Veteran: Yes, Disabled Yes, Special Disabled (greater than 30%) No
Are you a Homeless Veteran: Yes No
Recently separated veteran (within the last 48 months)? Yes No
Attended a Transition Assistance Program (TAP) workshop within the last 3 years? Yes No

For Staff Use Only
State ID# _____

Employment Information

Are you: Employed Under-employed Never Employed
 Not Employed Employed, but I have received a notice of termination or military separation

Are you self-employed and recently closed your business due to general economic conditions? Yes No

Are you participating in a Registered Apprenticeship program? Yes No

Are you receiving Unemployment Insurance (UI) benefits?

- Yes - Claimant/Receiving Yes – Exhausted Benefits
 Yes, Referred by EDD Worker Profiling and Reemployment Services (WPRS)
 No

Number of weeks unemployed: _____ Are you currently looking for work? Yes No

What type of work? _____

Do you have any related licenses or certifications from a job? Yes No

Within the last 12 months have you received a notice of termination or layoff from your job? Yes No

Have you worked as a farmworker/food processor at packing houses/nurseries/orchards, for at least 25 days with the last 12 months? Yes No

If Yes: Farmworker Migrant Migrant Farmworker

Type of Qualifying Farm Work: Agricultural Production & Services Food Processing Establishments

LIST YOUR LAST 2 JOBS, STARTING WITH THE LAST JOB YOU HELD. THIS INCLUDES CURRENT JOB IF STILL EMPLOYED AND SELF-EMPLOYMENT.

1. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:
2. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:

Education

What is the highest grade you have completed? _____

Check applicable box:

- H.S. Diploma H.S. Equivalency/GED H.S. Dropout
 1 Year of College/Technical/Vocational 2 Year of College/Technical/Vocational
 3 Year of College/Technical/Vocational 4 Year Degree

Do you have a degree or certificate? Yes No

If Yes, describe degree/certificate _____

Are you currently attending school or training? Yes No

If Yes, where? _____

Public Assistance Programs- Please Check All That Apply	Yes	No
Have you or your family received Public Assistance in the last 6 months If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Temporary Assistance for Needy Families (TANF)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving CalFresh/Supplemental Nutrition Assistance Program (SNAP)? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Supplemental Security Income (SSI)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving General Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Refugee Cash Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Have you or your family received Social Security Income in the last 6 months?		
Are you receiving or have received in the last 6 months SSDI (Social Security Disability Insurance)?		
Are you receiving or have received in the last 6 months California State Disability Insurance (SDI) payments?		
Are you currently a Ticket-to-Work holder issued by the Social Security Administration?		
Have you received services from the Veteran's Vocational Rehabilitation and Employment program, often referred to as the Chapter 31 program?		

Household Size and Income Information
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Family size: Total number of family members living in your residence (anyone, including yourself, living at home and related by blood, marriage, or decree of court)? _____

Number of dependent children in family under 22: _____

Family Income: List each member (including dependents) and earnings/source of income for the last 6 months. **Note public assistance payments, veteran benefits or veteran's active-duty income, and capital gains are not included as income.**

Name	Relation	Age	Total Income Last 6 months	Source of Income
	Applicant			

Additional WIOA Eligibility Information

Is English your native language? Yes No What is your preferred language? _____

Please check ALL that apply:

- Homeless Limited English Learner H.S. Dropout Substantial Cultural Barriers
- Basic Skills Deficient Gang Involved Single Parent Single Pregnant Women
- Learning Disability Substance Abuse Mental Impairment Physical Impairment
- Both Physical & Mental Impairment Justice Involved (Ex offender- felony or misdemeanor convictions)
- Other Not applicable

Are you currently in the foster care system? Yes No

Have you aged out of the foster care system? Yes No

If you checked any disability impairment, please identify your disability _____

Briefly describe your employment-related limitations:

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please call 951.955.3100, 951.955.3744 TTY, CA Relay 711, or adacoordinator@rivco.org 5 to 7 days in advance.