



Common Intake and Information Form

FORM WIOA I-B – 1.5

For Workforce Center and All Partners

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

County: _____

Telephone _____ Cell Phone _____ Do you accept texts? Yes No

Message phone: _____ E-Mail Address: _____

Relative's Name: _____ Tele. # _____

Another Relative's Name: _____ Tele. # _____

Social Security Number (used for program performance purposes) _____

Birthdate: _____ Age: _____ Sex (at birth): Male Female

Are you Hispanic or Latino? Yes No Prefer not to answer

What is your Race? (Select one or more):

White or Caucasian Asian or Asian American Black or African American

Hawaiian or Other Pacific Islander American Indian or Alaska Native

More than one race Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity? Yes No

If yes, do you need special accommodations for the disability? Yes No

If yes, what accommodations do you need? _____

Do you receive Social Security Disability Insurance? Yes No

Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job or at school? Yes No

Is English your primary language? Yes No

Do you live in a family or community where English is not the primary language spoken? Yes No

Are you registered with Selective Service? Yes No

Are you a U.S. Citizen? Yes No If no, are you a permanent resident alien? Yes No

If no for both above, are you a lawfully admitted refugee, asylee, parolee, or other immigrant authorized to work in the United States? Yes No N/A

Are you a veteran? Yes No Are you the spouse of a veteran? Yes No

Are you a widow or widower of a veteran? Yes No

Have you registered with Arkansas Job Link? Yes No

Are you an Arkansas Works referral from the state Medicaid expansion program? Yes No
(Arkansas Works is a Governor's initiative DHS program that refers DHS clients to DWS job service staff for employment assistance)

Have you been subject to any stage of the youth or adult criminal justice process for committing an offense or delinquent act, OR do you have trouble obtaining or keeping a job because of an arrest or conviction?
 Yes No

Are you a single parent (custodial or non-custodial), or a pregnant woman? Yes No
Do your customs, beliefs, or practices serve as a hindrance to employment (cultural barrier)? Yes No

INCOME

Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:

Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):

SNAP TEA Work Pays Supplemental Security Income (SSI)

Are you within 2 years of exhausting your lifetime TANF eligibility? Yes No

Are you homeless (lack a fixed, regular, and adequate nighttime residence)? Yes No

Are you a runaway (under the age of 18 and left home without the permission of your parents/guardians)?
 Yes No

Are you in foster care, aged out of foster care, or attained the age of 16 and left foster care for kinship guardianship or adoption or an out-of-home placement? Yes No

List all members who live in the household at any time in the last 6 month, their relationship to you, and their sources of income for the last 6 months:

Family is defined two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child if needed

Name	Relationship to you	Age	All sources of Income
	Self		

(If needed, place information about additional household members on back or on additional pages)

Do you certify that the income sources above are all the sources of income for your family?

Yes No If No, Explain:

EMPLOYMENT INFORMATION

Which best describes your current employment status? (Check all that apply)

- Employed working for wages, self-employed, or working 15+ hours per week unpaid in family business. "Employed" includes if you are away from job because of vacation, leave, etc.)
 - Part-time Full-time (PT is less than 30 hrs/wk or considered PT by your employer)
 - Self-employed
- Employed, but received termination notice from employer/military
- Not employed (not working, but available for work and looking for work)
- Exhausted Unemployment Benefits, and don't have an appropriate job
- Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time
- Not in labor force (not employed and have not actively been looking for work)

Are you a migrant or seasonal farm worker? Yes No

Do you currently receive Unemployment Benefits? Yes No

Have you received Unemployment Benefits in the past? Yes No If yes, when? _____

Have you recently been laid off or given notice that you will be laid off? Yes No

If so, where? _____ Layoff date (mm/dd/yyyy): _____

Did you own a business that recently closed because of a disaster or local economic reasons? Yes No

If so, name of business: _____ Closure date (mm/dd/yyyy): _____

Why did it close? _____

Are you a displaced homemaker (a person who has been providing unpaid services to family members in the home and has been dependent on the income of a family member, but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment)?

Yes No

If yes, give details:

Are you (or were you) the dependent spouse of a member of armed forces on active duty, and the family income is significantly changed because of a deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member? Yes No

If yes, give details:

WORK HISTORY (list current or most recent first. Please list dates as completely as possible.)

Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: [] Quit [] Laid off [] Moved from area [] Fired [] Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: [] Quit [] Laid off [] Moved from area [] Fired [] Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: [] Quit [] Laid off [] Moved from area [] Fired [] Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: [] Quit [] Laid off [] Moved from area [] Fired [] Other: _____		

EDUCATION

Do you have a high school diploma or GED®? [] Yes [] No

If yes, from where? _____

If no, what is the highest grade you completed? _____

Do you have a college degree or certificate? [] Yes [] No

If yes, what is your highest degree or certificate? _____

What was your major? _____

Do you currently attend secondary school (high school or junior high)? [] Yes [] No

If so, where? _____ What grade are you in? _____

Are you working toward a GED®? [] Yes [] No

Are you currently enrolled in postsecondary education (college, technical school, etc.)? [] Yes [] No

If yes, where? _____

What is your major? _____ When do you expect to finish? _____

Do you have college work toward an unfinished certificate or degree? [] Yes [] No

If so, where? _____

Why did you stop? _____

Certification of Truth of Application, Release of Information, Acknowledgement, & Consent

_____ I authorize _____, the local provider of WIOA Title I-B Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

_____ I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

_____ I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

_____ I agree that a copy of this authorization may be used as an original.

_____ This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

_____ I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

_____ I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

_____ I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

Applicant’s Signature

Date

Parent’s Signature, if applicant is under 18 years old

Date