

## YOUTH DEVELOPMENT PROGRAM 2011-2012

The youth program is an income and needs based program with limited slots.

### Income requirements

FAMILY SIZE	MUST BE AT OR BELOW 6 MONTH INCOME LEVEL OF:	ANNUAL INCOME
1	\$5,445	\$10,890
2	\$7,518	\$15,036
3	\$10,322	\$20,644
4	\$12,740	\$25,481
5	\$15,036	\$30,073

Proof of income from each family member must be attached to the application and can be any one of the following:

- Pay stubs from past 6 months from all members receiving income
- Employer statement stating past 6 months of income
- Social security benefits(Copy)
- Bank statements from past 6 months
- Farm/business records from past 6 months
- Public assistance record/SNAP household summary w/months and names

Youth that have a disability/school IEP or that are in foster care/group home are allowed to count only the youth income to qualify. Please provide the following:

- School IEP, or doctor's note stating diagnosis, or supplemental security income document for disability, letter from Principal/Teacher.
- Written document from group home or foster care agencies/parents.





### Current Academic and Age Requirements:

- Must be between the ages of 16-19.
- High School dropout.
- Enrolled in High School, currently in grade\_\_\_\_\_.



# WIA APPLICATION

* Social Security Number: _____ - _____ - _____		DV Element for Wages
Last Name:		First Name:
Address:		
City:	State:	Zip:
Phone: Home	Cell	E-mail:
Service Provider:		Case Manager:

 <p><b>SEEKER ENTRY- BASIC</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>*DATE OF BIRTH:</td> <td colspan="2"></td> <td style="text-align: right;">DV Element</td> </tr> <tr> <td>CITIZEN STATUS:</td> <td>Yes</td> <td>Non Citizen</td> <td></td> </tr> <tr> <td></td> <td colspan="2">Eligible Non Citizen</td> <td></td> </tr> <tr> <td>GENDER:</td> <td>Male</td> <td>Female</td> <td></td> </tr> <tr> <td>HISPANIC/LATINO:</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>WIASRD RACE:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>White</td> <td>Native American</td> <td></td> </tr> <tr> <td></td> <td>Asian</td> <td>Hawaiian/Native Islander</td> <td></td> </tr> <tr> <td></td> <td>Black/African</td> <td></td> <td></td> </tr> <tr> <td>LIMITED ENGLISH PROFICIENCY:</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>INDIVIDUAL WITH DISABILITY:</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>CATEGORY OF DISABILITY:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>Physical impairment</td> <td>Both physical and mental impairment</td> <td></td> </tr> <tr> <td></td> <td>Mental impairment</td> <td></td> <td></td> </tr> <tr> <td>HOMELESS:</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>UNEMPLOYMENT COMPENSATION ELIGIBLE STATUS:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>Claimant referred by WPRS</td> <td>Exhausted benefits</td> <td></td> </tr> <tr> <td></td> <td>Claimant not referred by WPRS</td> <td>Neither claimant or Exhausted</td> <td></td> </tr> <tr> <td>OFFENDER:</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>*PRE-PROGRAM EMPLOYMENT STATUS:</td> <td>Employed</td> <td>Not employed</td> <td style="text-align: right;">DV Element</td> </tr> <tr> <td></td> <td colspan="2">Employed but received notice of termination</td> <td></td> </tr> <tr> <td>MIGRANT STATUS:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>Seasonal farmworker</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Migrant food processor</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Migrant agricultural worker</td> <td></td> <td></td> </tr> <tr> <td>PRIMARILY EMPLOYED IN FARMWORK:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>At least 50% income earned</td> <td>Both 1 and 2</td> <td></td> </tr> <tr> <td></td> <td>At least 50% work time</td> <td>No</td> <td></td> </tr> <tr> <td>MINIMUM THRESHOLD OF FARM WORK PERFORMED:</td> <td colspan="2"></td> <td></td> </tr> <tr> <td></td> <td>At least 25 days worked</td> <td>Both 1 and 2</td> <td></td> </tr> <tr> <td></td> <td>At least \$800 earned</td> <td>No</td> <td></td> </tr> </table>	*DATE OF BIRTH:			DV Element	CITIZEN STATUS:	Yes	Non Citizen			Eligible Non Citizen			GENDER:	Male	Female		HISPANIC/LATINO:	Yes	No		WIASRD RACE:					White	Native American			Asian	Hawaiian/Native Islander			Black/African			LIMITED ENGLISH PROFICIENCY:	Yes	No		INDIVIDUAL WITH DISABILITY:	Yes	No		CATEGORY OF DISABILITY:					Physical impairment	Both physical and mental impairment			Mental impairment			HOMELESS:	Yes	No		UNEMPLOYMENT COMPENSATION ELIGIBLE STATUS:					Claimant referred by WPRS	Exhausted benefits			Claimant not referred by WPRS	Neither claimant or Exhausted		OFFENDER:	Yes	No		*PRE-PROGRAM EMPLOYMENT STATUS:	Employed	Not employed	DV Element		Employed but received notice of termination			MIGRANT STATUS:					Seasonal farmworker				Migrant food processor				Migrant agricultural worker			PRIMARILY EMPLOYED IN FARMWORK:					At least 50% income earned	Both 1 and 2			At least 50% work time	No		MINIMUM THRESHOLD OF FARM WORK PERFORMED:					At least 25 days worked	Both 1 and 2			At least \$800 earned	No	
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# WIA APPLICATION

	<b>ASSESSMENT-SUPPORT SYSTEM</b>	1ST CONTACT NAME/RELATION: _____	PHONE: _____	
		2ND CONTACT NAME/RELATION: _____	PHONE: _____	
	<b>ELIGIBILITY-APPLICATION</b>	FAMILY SIZE: _____		
		# DEPENDENTS < 18: _____		
		MONTHLY FAMILY INCOME: _____		
		SELECTIVE SERVICE (MALE BORN AFTER 12/31/59):		
		Yes registered male _____	Exempt-including females _____	
		No not a registered male _____	SELECTIVE SERVICE REGISTRATION #: _____	
	*LAYOFF DATE (MONTH/DAY/YEAR): _____		DV Element Dislocated Worker Only	
	EMPLOYER/COMPANY NAME: _____			
	<b>ELIGIBILITY-APPLICATION-YOUTH PROGRAM ONLY</b>	*PREGNANT OR PARENTING YOUTH: Yes No DV Element Youth Only		
		*FOSTER CHILD: Yes No DV Element Youth Only		
		*HOMELESS: Yes No DV Element Youth Only		
		DROPOUT: Yes No		
		RUNAWAY: Yes No		
		*OFFENDER: Yes No DV Element Youth Only		
		*BASIC SKILLS DEFICIENT: Yes No DV Element Youth Only		
		ONE OR MORE GRADE LEVELS BELOW APPROPRIATE FOR AGE: Yes No		
		MIGRANT YOUTH: Yes No		
		AGED OUT OF FOSTER CARE: Yes No		
		INCARCERATED PARENT: Yes No		
		LIMITED ENGLISH PROFICIENT: Yes No		
		DISABILITIES (INCLUDING LEARNING): Yes No		
		YOUTH IN JUVENILE JUSTICE SYSTEM: Yes No		
		NATIVE AMERICAN: Yes No		
<b>6TH BARRIER YOUTH ONLY</b>		NO VOCATIONAL/EMPLOYMENT GOALS: Yes No		
		BELOW AVERAGE GRADES: Yes No		
		POOR WORK HISTORY: Yes No		
		FIRED FROM JOB WITHIN 6 MONTHS: Yes No		
	<b>ELIGIBILITY-ELIGIBILITY</b>	SINGLE PARENT: Yes No		
		DISPLACED HOMEMAKER (FEDERAL DEFINITION): Yes No		
		*SNAP (FOOD STAMPS) IN LAST 6 MONTHS: Yes No DV Element		
		*RECEIVING TANF: Yes No DV Element		
		*RECEIVING SSI: Yes No DV Element		
		*RECEIVING GA/RCA: Yes No DV Element		
		STATE DISPLACED HOMEMAKER: Yes No		

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file a complaint.

Signature of Applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGN PRINT DATE

Signature of Interviewer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SIGN PRINT DATE



# Montana Department of Labor and Industry

Workforce Services Division - Statewide Workforce Programs & Oversight Bureau

Governor Brian Schweitzer

## PARENT/GUARDIAN PROGRAM PARTICIPATION CONSENT FORM

This form is to be completed by all parent(s)/guardian(s) of youth applicants under the age of eighteen prior to enrollment and participation in the WIA Youth Employment & Training Program.

Below is a listing of all activities that may be provided by the Youth Program to which your child seeks enrollment. Your child may be eligible to receive one or more of these services.

1. Tutoring, study skills training and instruction leading to secondary school completion, including dropout prevention strategies;
2. Alternative secondary school offerings;
3. Summer employment opportunities directly linked to academic and occupational learning;
4. Paid and unpaid work experiences, including internships and job shadowing;
5. Occupational skill training;
6. Leadership development opportunities, which may include such activities as positive social behavior and soft skills, decision making, team work and other activities;
7. Supportive services;
8. Adult mentoring for the duration of at least twelve (12) months, which may occur both during and after program participation;
9. Follow-up services;
10. Comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
Please Print Parent/Guardian's name Please Print Youth's name

give my consent to have my child be enrolled in and participate in one or more of the above activities of the WIA Youth Employment & Training Program. I understand that my child will be subject to all federal child labor laws while participating under this program. I further understand that my child may not be enrolled in the youth program if I do not give my consent for my child to participate.

\_\_\_\_\_  
Parent/Guardian's Signature                      Date

\_\_\_\_\_  
Youth's Signature    Date

WIA.48  
New 07/01/10

