



**Workforce Innovation and Opportunity Act (WIOA)**  
**&**  
**Comprehensive Case Management and Employment Program (CCMEP)**

WIOA and CCMEP can help with the cost of tuition, fees, and books to obtain a certificate for an approved technology, up to a limited amount of funds set by WIOA and CCMEP policy and regulations.

**OUR PROGRAMS ARE OFFERED TO:**

Adults over the age of 18, who are eligible to work in the United States of America and, if applicable, registered for Selective Service.

Dislocated Workers who have lost their job through no fault of their own and, if applicable, registered for Selective Service.

Young Adults aged 14-24 who are:

- Basic skills deficient
- Homeless
- Need high school diploma
- Restored citizen
- Low income
- Runaway
- Foster child
- Pregnant or parenting (custodial or non-custodial)
- English language learner
- Physical or mental impairment (ADA)

**HOW TO APPLY:** The following **MUST** be turned into to Perry County Job & Family Services before program eligibility will be determined:

- Completed program application
- All earned and unearned income for the **past 6 months** for **ALL** household members
- Driver License, Birth Certificate, Social Security Card
- Proof of OhioMeansJobs Registration
- Piece of Mail ex: a bill with your name and address



Amy L. Frame, Director

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Protective Services: 526 Mill Street • New Lexington, Ohio 43764 • Phone:(740) 342-3836 • Fax:(740) 342-5531

# WIOA ADULT/DISLOCATED APPLICATION

## PERRY COUNTY

Please complete the entire WIOA Application. This Information will be used to determine WIOA Eligibility and Suitability.  
All information is kept confidential and is shared with our OhioMeansJobs Partners on a need to know basis.

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Are you homeless? ☐ Yes ☐ No

### DEMOGRAPHIC INFORMATION

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender: ☐ Male ☐ Female  
☐ African American or Black ☐ Hispanic Heritage  
☐ American Indian / Alaskan Native ☐ Pacific Islander  
☐ Asian American or Asian ☐ Caucasian / White  
☐ Other: \_\_\_\_\_

Citizenship: ☐ U.S. Citizen or Naturalized ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted

Are You Registered with Selective Service? ☐ Yes ☐ No ☐ N/A

\*males only born on or after 1/1/1960\*

Selective Service Registration #: \_\_\_\_\_ Registration Date: \_\_\_\_\_

### DISABILITY

Do you have a disability? ☐ Yes \* ☐ No ☐ Not Specific  
 \* Are you receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No  
 \* Are you receiving Social Security Disability Insurance (SSDI)? ☐ Yes ☐ No  
 Does your disability prevent or interfere with your ability to work and/or attend schooling? If yes, please explain below: ☐ Yes ☐ No

### DRIVER'S LICENSE INFORMATION

Do you have a Driver's License? ☐ Yes ☐ No  
 What state? \_\_\_\_\_  
 Driver's License Type? ☐ Regular ☐ Commercial (CDL) ☐ CDL Endorsements

### CRIMINAL BACKGROUND

Have you convicted of a felony? ☐ Yes ☐ No  
 If yes, explain? \_\_\_\_\_

### VETERAN INFORMATION

Did you serve in the active duty military, naval, or air service? ☐ Yes ☐ No

| Branch | Date Entered | Date Released | Type of Discharge |
|--------|--------------|---------------|-------------------|
|        |              |               |                   |

Are you a disabled veteran? ☐ Yes ☐ No

Are you receiving Veteran training assistance? ☐ Yes ☐ No

**INCOME INFORMATION**

List family members (including you) and income information. Income is for the last 6 months and may include gross earnings from employment, social security, veteran benefits, alimony or child support, workers compensation, and so forth. You will need to provide verification of the income during your initial visit with the caseworker.

**2026 – 250% of Federal Poverty Guidelines for Ohio**

| Family Size | Monthly Gross Income |
|-------------|----------------------|
| 1           | \$3,261.00           |
| 2           | \$4,407.00           |
| 3           | \$5,553.00           |
| 4           | \$6,698.00           |
| 5           | \$7,844.00           |
| 6           | \$8,990.00           |

What is your family size? (Include only those living in your home) \_\_\_\_\_

Do you  
receive?

☐ **SNAP**

☐ **OWF**

☐ **SSI/SSDI**

| Name of Family Member | Relationship | Source of Income | Last 6-months total |
|-----------------------|--------------|------------------|---------------------|
| Applicant             | Self         |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |
|                       |              |                  |                     |

*Attach Additional Sheets if needed*

**YOU MUST LIST ALL HOUSEHOLD MEMBERS!!!**

Are you involved with Opportunities for Ohioians with Disabilities (OOD)? ☐ Yes ☐ No

Are you enrolled in the SNAP Employment & Training Program? ☐ Yes ☐ No

**Educational Information:**

Check last grade completed)

- ☐ Some High School
 ☐ Attained GED
 ☐ High School Graduate  
☐ Vocational Certification
 ☐ Some College
 ☐ Associate Degree  
☐ Bachelor's Degree
 ☐ Other, Explain \_\_\_\_\_

**List the names of schools you have attended, including high schools.**

| School | Course of Study | Did You Graduate/Complete?   |                             | Date of Completion |
|--------|-----------------|------------------------------|-----------------------------|--------------------|
|        |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                    |
|        |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                    |
|        |                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                    |

List any professional license and/or certificates you hold:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Have you used WIOA funds in the past? Yes No

If yes, please state where and when. \_\_\_\_\_

Name of Current School \_\_\_\_\_

Program of Study \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Completion Date \_\_\_\_\_

Current grades/GPA \_\_\_\_\_

**Employment Information:****List current and previous employers, beginning with your current or most recent job**Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Shift: \_\_\_\_\_ ☐ Paid ☐ Volunteer ☐ Internship

Start Date (Month/Year): \_\_\_\_\_ End Date (Month/Year): \_\_\_\_\_

Reason for Leaving ☐ Laid off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Shift: \_\_\_\_\_ ☐ Paid ☐ Volunteer ☐ Internship

Start Date (Month/Year): \_\_\_\_\_ End Date (Month/Year): \_\_\_\_\_

Reason for Leaving ☐ Laid off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: \_\_\_\_\_

**TRAINING GOALS**

What is your desired job title? \_\_\_\_\_

Why do you want WIOA assistance? Do you need assistance with any of the following?

|                                                                                           |                                                                                                            |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assist in preparing for employment                               | <input type="checkbox"/> Assist in attaining a diploma, degree, and/or certificate                         |
| <input type="checkbox"/> Prepare with post-secondary education and training opportunities | <input type="checkbox"/> Help with determining demand occupation and get help with connecting to employers |
| <input type="checkbox"/> Tutoring Assistance                                              | <input type="checkbox"/> Work Experience                                                                   |
| <input type="checkbox"/> Assistance with Educational testing                              | <input type="checkbox"/> Entrepreneurial                                                                   |

Is training required for you to meet your goals?

☐ Yes

☐ No

Have you selected a school/program?

☐ Yes

☐ No

If yes, school name? \_\_\_\_\_

If yes, what is the program/major (STNA, Accounting, ETC) \_\_\_\_\_

Have you been accepted in the school?

☐ Yes

☐ No

If yes, when you start? \_\_\_\_\_

When is the anticipated completion date? \_\_\_\_\_

Is your choice of study a demanding occupational skill?

☐ Yes

☐ No

In demand occupation list can be found at: <https://wiet.ohio.gov/wiet/>

Have you applied for financial aid, scholarships, or grants which will help your training cost?

|                                |                              |                             |         |
|--------------------------------|------------------------------|-----------------------------|---------|
| PELL                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Ohio College Opportunity Grant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| GI Bill                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |
| Other: _____                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: |

Approximately, how much is needed after financial aid/scholarship are applied? \_\_\_\_\_

Are you on financial aid hold with any educational institute?

☐ Yes

☐ No

Have you been on financial aid hold in the past?

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

# Dislocated Worker Status

Please check any of the following categories that you currently belong to:

## Category 1 - Terminated or laid off, or received a notice of termination or layoff from employment

☐ Has been terminated or laid off or has received a notice of termination or layoff from employment;

AND

☐ Is eligible for or has exhausted entitlement to unemployment compensation;

OR

☐ Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a state unemployment compensation law;

AND

☐ Is unlikely to return to a previous industry or occupation.

## Category 2 - Plant closure or substantial layoff

☐ Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of or any substantial layoff at a plant, facility, or enterprise;

OR

☐ Is employed at a facility where the employer has made a general announcement that such facility will close within 180 days;

OR

☐ For purposes of eligibility to receive services other than training services described in section 134(c)(3) of WIOA, career services described in section 134(c)(2)(A)(xii) of WIOA, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

## Category 3 – Self-Employed Individual

☐ Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of natural disasters; or general economic conditions in the community where the individual resides.

## Category 4 – Displaced Homemaker

☐ Is a displaced homemaker. An individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income and is unemployed or underemployed and is having trouble in obtaining or upgrading employment (may include spouses of dislocated workers)

## Category 5 – Military Spouse

☐ Is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty state of such member;

OR

☐ Is the spouse of a member of the Armed Forces on active duty and who meets the criteria of a displaced homemaker who is unemployed or underemployed and is having trouble in obtaining or upgrading employment.

## **Determination of WIOA Dependent Status Checklist**

If the answer of any of the below categories is “YES”, the individual is considered to be independent of his/her parent(s) or guardian(s).

**\*\*Support** as it relates to dependent includes food, clothing, shelter, utilities, education, medical, and dental care, recreation, and transportation; as well as cash public assistance and food assistance.

|  | <b>Please answer the following:</b>                                                                                                                                                                                      | Yes                      | No                       |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|  | Are you 24 or older?                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you married? (Answer “Yes” if you are separated but not divorced)                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Do you have children who receive more than half of their <b>support*</b> from you?                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Do you live in your own residence or in a residence without support from parents or guardian?                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you currently serving on active duty in the U.S. Armed Forces for purpose other than training? (If you are a National Guard or Reserves enlistee, are you on active duty for other than state or training purposes?) | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you a veteran of the U.S. Armed Forces?                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |

## **Serving Immediate Family Members, Close Acquaintances and Other Stakeholders Disclosure Questionnaire**

**Purpose:** In order to ensure that all individuals applying for WIOA funded services are serviced in an ethical manner that is free from any real or perceived conflicts of interest.

Instruction: Please indicate if you have a close family member\* or an immediate family member\*\* employed by, or a part of:

- County Job and Family Services, OhioMeansJobs Center, Area 14 Workforce Investment Act Board Members, Local elected officials or WIOA Stakeholder

|                     |                                                                                                                                                                                                                                                                                                                                |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Close Family Member | Includes parents, children, sibling, spouse, domestic partners. (As defined by the State of Ohio Governor’s Executive Order 2007-OIS)                                                                                                                                                                                          |
| Immediate Family    | Consist of the individual’s parents (including step-parents), spouse, domestic partner, children (including step-children), foster children, sibling, grandchildren, grandparents, and any relatives by marriage (an “in-law”).                                                                                                |
| Stakeholders        | Individuals not related to WIOA agency staff or management, that have direct or indirect management or responsibility for managing the WIOA workforce system, including managers, supervisors, local elected officials, contractors, Workforce Policy Board, Youth Council Members, WIOA employees, and OhioMeansJobs Partners |

- ☐ No, I do not have a close or immediate family relationship with any of the groups of people listed above
- ☐ Yes, I do have a close or immediate family relationship with one or more people belonging to a group listed above (if more than one, please list every person)

Name of person that I have a close or immediate relationship with: \_\_\_\_\_

Employer/position/agency of this person: \_\_\_\_\_

My relationship to this person (sibling, aunt, grandmother, etc.): \_\_\_\_\_

## WIOA Release of Information Consent

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>RELEASE INFORMATION FOR ELIGIBILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Initial Here</b> |  |
| I authorize the release of my information to the WIOA Case Manager as necessary to determine my eligibility for the WIOA Youth Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services, including OhioMeansJobs Partners. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner. |                     |  |

|                                                                                                                                                                                                                                                                                                                              |                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b>                                                                                                                                                                                                                                                                       | <b>Initial Here</b> |  |
| I authorize the release of my current and past educational records from high school, colleges, universities, and training schools to the WIOA Case Manager. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. |                     |  |

|                                                                                                                                                                                                                                                                                                                |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| <b>RELEASE INFORMATION FOR EMPLOYMENT</b>                                                                                                                                                                                                                                                                      | <b>Initial Here</b> |  |
| I authorize the release of my past, current and future employment information to the WIOA Case Manager during my participation in this WIOA program (including 12-month follow up activity). Such records include information related to my job title, start/end day, hourly wages, and hours worked per week. |                     |  |

### STATEMENT OF UNDERSTANDING

All services must be authorized by WIOA Case Manager prior to services beginning. Any and all obligations incurred without prior approval will be the responsibility of me, the applicant. \_\_\_\_\_(initial)

I understand that my circumstances may differ from all other WIOA applicants. My employment plan is unique to me and therefore my assistance may differ from other applicants to include the types of assistance, the amount of assistance, the time frame, and the outcomes. \_\_\_\_\_(initial)

I understand that my eligibility for WIOA does not mean that I have automatically accepted into the program. \_\_\_\_\_(initial)

I understand WIOA is not "financial aid" but WIOA is a program that provides assistance to me in obtaining suitable employment. \_\_\_\_\_(initial)

WIOA applications that are placed on the waiting list will be destroyed every June 30<sup>th</sup>. Applicants will be made aware by letter that they will need to apply July 1<sup>st</sup>. \_\_\_\_\_(initial)

I understand that my applications will be reviewed in the order of receipt and the WIOA Case Manager will be in contact with me to discuss my suitability and eligibility of services. \_\_\_\_\_(initial)

**The information I have provided on this form is true and correct to the best of my knowledge. I authorize County Department of Job and Family/ OhioMeansJobs Center Services to obtain, provide, and exchange information I have provided and other information that may be required with employers, training facilities, and other organizations for the purpose of determining my eligibility, suitability, and providing services.**

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
WIOA Case Manager/Date received

Revised 4/07/2026