

WIA DOCUMENT CHECKLIST

You Must Have These Things for the Intake Session

Please bring all originals to the Intake Session

A DISLOCATED WORKER:

An individual who has been terminated or laid-off **and** is currently receiving unemployment or has exhausted these benefits **and** is unlikely to return to their previous occupation.

Or

An individual whose business has closed due to natural disaster or current economic situations

Social Security Number

- Social Security Card

Address Verification (One of the following documents is required)

- Current Florida Driver's License or State ID (with correct address)
- Utility bill or Voter's Registration card to confirm address if different from license

Proof to Work in the United States (One of the following documents is required)

- Birth Certificate
- US Passport
- Resident Alien card
- Unexpired Employment Authorization Document that contains a photograph.
- School Record (if place of birth is shown)
- DD214 (if place of birth is shown)

Proof of Lay-off and Unemployment Benefits

- Letter of Lay-off from Employer
- Proof of Unemployment Benefits (FL or out-of-state benefits)
- Tax Returns for last two years (if self-employed)

Other Documents which EVERYONE must complete and bring to the Intake Session

- Completed Notification Form with two phone numbers other than your own
- Employment Verification Release Form
- Customer Self-Assessment with Budget
- Proof of Education
- Job Searches you have completed for the last two months
- Career Exploration into the field of interest (what kind of jobs are out there)

If the Following apply please provide documentation:

- Veterans (DD 214)
- Disability
- Offender

DISPLACED HOMEMAKER

You Must Have These Things for the Intake Session
Please bring all originals to the Intake Session

An individual who has recently lost their primary source of income through death or divorce.

Social Security Number

- Social Security Card

Address Verification (One of the following documents is required)

- Current Florida Driver's License or State ID (with correct address)
- Utility bill or Voter's Registration card to confirm address if different from license

Proof to Work in the United States (One of the following documents is required)

- Birth Certificate
- US Passport
- Resident Alien card
- Unexpired Employment Authorization Document that contains a photograph.
- School Record (if place of birth is shown)
- DD214 (if place of birth is shown)

Proof of Death or Divorce (One of the following documents is required)

- Death Certificate
- Divorce Papers

Other Documents which EVERYONE must complete and bring to the Intake Session

- Completed Notification Form with two phone numbers other than your own
- Employment Verification Release Form
- Customer Self-Assessment with Budget
- Proof of Education
- Job Searches you have completed for the last two months
- Career Exploration into the field of interest (what kind of jobs are out there)

If the Following apply please provide documentation:

- Veterans (DD 214)
- Disability
- Offender

**An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
TTY: dial 711.**

ADULT (Unemployed or Underemployed)

An individual who is currently unemployed or underemployed and needs WIA services in order to obtain or retain employment.

Social Security Number

- Social Security Card

Address Verification (One of the following documents is required)

- Current Florida Driver's License or State ID (with correct address)
- Utility bill or Voter's Registration card to confirm address if different from license

Proof to Work in the United States (One of the following documents is required)

- Birth Certificate
- US Passport
- Resident Alien card
- Unexpired Employment Authorization Document that contains a photograph.
- School Record (if place of birth is shown)
- DD214 (if place of birth is shown)

Proof of Income (One of the following documents is required)

- Proof of Food Stamps (received within the last six months)
- Proof of TANF benefits
- Proof of Income for the last six months for the entire household

Other Documents which EVERYONE must complete and bring to the Intake Session

- Completed Notification Form with two phone numbers other than your own
- Employment Verification Release Form
- Customer Self-Assessment with Budget
- Proof of Family Size for all household members (birth certificates, court decree, public assistance records)
- Proof of Education
- Job Searches you have completed for the last two months (only those who are unemployed)
- Career Exploration into the field of interest (what kind of jobs are out there)

If the Following apply please provide documentation:

- Veterans (DD 214)
- Disability
- Offender

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WIA PRESCREENING FORM – Please complete the following:

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

PRIVACY ACT STATEMENT: Disclosure of your social security number is voluntary. It is requested however pursuant to section 119.071(5)(a), Florida Statutes for the administration of WIA programs, and will be used in assessing and reporting program performance and accountability to the federal government.

INDIVIDUAL INFORMATION

Social Security #: _____ - _____ - _____ Sex: M F Date of Birth: ____/____/19____ Age _____

Marital Status: Single Married Separated Divorced Widowed

Race/Ethnicity: Caucasian African-American Hispanic American Indian/Alaska Native Asian/Pacific Islander
 Haitian Other I do not wish to answer

Household Composition

Number of family members (Including yourself): _____

Family type

Single Parent Household Parent of a Two Parent Household Single

Number of your dependent children living in household: _____

Household Income

Source of last six months of household income. (Check all that apply)

Employment Wages Food Stamps Temporary Cash Assistance Supplemental Security Income

Student Financial Aid Child Support Unemployment Benefits Other Source _____

Social Security Pension Spousal Support Worker’s Compensation Total of last 6 months income \$ _____

Barriers to employment: (check all that apply)

Disability Limited English: Speaking, Reading, Writing Substance Abuse Single Parent

Homeless Pregnant or parent under the age of 22

Have you been convicted of a Felony or Misdemeanor? Yes No If yes, what State? _____

Date of conviction: ____/____/____

United State Citizenship

Citizen of the United States U.S. Permanent Resident Alien Alien/Refugee Lawfully Admitted to U.S.

Highest Level of Education: (Select only those obtained)

General Educational Diploma (GED) High School Diploma 1 Year College or Technical School

2 Year College or Technical School 3 Years College or Technical School Vocational Certificate

Associates Degree Bachelor’s Degree Master’s Degree

Other _____ Course of study of Certificates or Degrees earned: _____

*****PLEASE CONTINUE ON TO THE BACK OF THIS PAGE*****

Office Use Only: Information Session Date: _____ Assigned WIA Career Counselor: _____

Offender Face Sheet Veteran Services (Disabled) Vocational Rehabilitation Services WIA Youth Counselor

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Military Service

Are you in the military, a veteran, or a spouse of a veteran? Yes No

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

Military branch of service: _____ Years of Service from: ___ / ___ / ___ to ___ / ___ / ___

Disabled Veteran: Yes, Disabled Yes, Special Disabled (greater than 30%)

Employment Status and History (select all that apply)

Employed Not Employed Underemployed

List your three most recent jobs, beginning with your current or last job:

Company Name City/State	Your Job Title	Dates of Employment	Salary	Reason Left	Rec'd Unemployment?
					<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 special skills you might have or prior work experience:

What type of assistance (classroom training, job search assistance, on the job training, etc.) are you seeking from Jobs Etc?

How did you hear about this program?

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CUSTOMER SELF-ASSESSMENT

NAME: _____

Date: _____

I. WORK EXPERIENCE

Job Experience Summary: A review of the work history. Total number of months/years work history (i.e. cashier, 2 years).

Number of jobs during past 5 years: _____

List reasons for leaving jobs:

List job skills learned from work (include skills with tools/equipment)

II. TRAINING SUMMARY

Highest grade completed: _____

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High School Diploma or General Education Diploma (GED) Yes _____ No _____ Year
Completed: _____

Additional Training: _____

Certificates Received: _____

IV. HEALTH AND PHYSICAL CONDITIONS

Describe your general health and any problems, including disability: eyesight, speech, hearing, general health, dental health, mental health, addiction, depression, anxiety, chronic illness, stand, sit, bend, lift (please circle concern and comment).

V. FAMILY / HOUSEHOLD SITUATION

Does anyone in your household have health problems? Yes _____ No _____

If yes, explain: _____

Do you or anyone in your home currently have a substance abuse issue?

Yes _____ No _____

If yes, was treatment received within the past year and where? _____

Are you or anyone in your household currently involved in any legal problems?

Yes _____ No _____

If yes, explain: _____

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Are you in need of counseling dealing with domestic violence, physical abuse or sexual abuse? Yes _____ No _____
Date of last incident: _____

Are you or anyone in your household pregnant? Yes _____ No _____

Are there any other serious household concerns? Yes _____ No _____
If yes, explain: _____

Do any family members have problems that might keep you from becoming economically self-sufficient?
Yes _____ No _____
If yes, what are they? _____

VI. GENERAL SELF-ASSESSMENT

What are your strengths and resources?

What services are needed to attain your employment goals?

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HOUSEHOLD BUDGET

Fill in current income and expenses and then fill in the amount of income and expenses you expect to receive/spend after completion of training once you get new job in field.

NAME: _____

SS# _____

Current Monthly Income		Current Monthly Expenses		Anticipated Wage:			
				Monthly Income after Training		Monthly Expenses after Training	
Take Home Pay (Self)	\$	House Payment	\$	Take Home Pay (Self)	\$	House Payment	\$
Take Home Pay (Spouse)		Electric Bill		Take Home Pay (Spouse)		Electric Bill	
Social Security		Gas Bill		Social Security		Gas Bill	
Financial Aid		Water Bill		Financial Aid		Water Bill	
Unemployment		Sewage Bill		Unemployment		Sewage Bill	
Alimony		Telephone Bill		Alimony		Telephone Bill	
Child Support		Cable TV Bill		Child Support		Cable TV Bill	
Family Help		Grocery Bill		Family Help		Grocery Bill	
Food Stamps		Food Eaten Out		Food Stamps		Food Eaten Out	
TANF		Medicine / Drugs		TANF		Medicine / Drugs	
Total Other		Laundry/Cleaning		Total Other		Laundry/Cleaning	
		Insurance Life				Insurance Life	
		Insurance Home				Insurance Home	
		Insurance Health				Insurance Health	
		Insurance Auto				Insurance Auto	
		Auto Gas				Auto Gas	
		Car Maintenance				Car Maintenance	
		Transportation				Transportation	
		Clothing				Clothing	
		Entertainment				Entertainment	
		Child Support				Child Support	
		Child Care				Child Care	
		Credit Card(s)				Credit Card(s)	
		Car Payment(s)				Car Payment(s)	
		Loan Payment(s)				Loan Payment(s)	
		Medical Bills				Medical Bills	
		Dental Bills				Dental Bills	
		Savings				Savings	
		Total Other				Total Other	
Total Current Income	\$	Total Current Expenses	\$	Total Projected Income	\$	Total Projected Expenses	\$
Total Current Income - Total Current Expenses =			\$	Total Projected Income - Total Projected Expenses =			\$

Reviewed by: _____ Date: _____



NOTIFICATION FORM

APPLICANT: _____

IN CASE OF EMERGENCY NOTIFY:

***NAME:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO APPLICANT: _____

ALTERNATE NUMBER: (This portion must be completed and should be a friend or relative who does not live with you but who would know where to reach you if we are unable to. NOTE – If accepted on this program, it is your responsibility to stay in touch with your counselor and to notify us of any change in address or phone number.)

***NAME:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO APPLICANT: _____



Member: Employ Florida

Suncoast Workforce is an initiative of the Suncoast Workforce Board

EMPLOYMENT VERIFICATION RELEASE FORM

I, _____, understand that by requesting assistance from the WIA program, I authorize release of the following employment information to Jobs ETC representatives by any and all employers for up to four (4) years from this date. With my signature I also authorize this form to be faxed to/from my employer.

WIA Customer Signature

Last 4 digits of Social Security #

Date

PRIVACY ACT STATEMENT Pursuant to Chapter 119, Florida Statute Section 119.071(5)(2) disclosure of your social security number is mandatory. Social security numbers will be used by the Suncoast Workforce/Suncoast Workforce Board for assessing and reporting program performance and accountability to the state & federal government.

The information below is to be completed by employer:

Employer: _____

Address: _____

Phone #: _____ Contact name: _____

Customer Name: _____

Job title: _____ Start date: _____

Hourly wage: _____ Hours worked per week: _____

Benefits offered? : Y / N _____

Employer Contact Signature

Date

Manatee One-Stop Center
3526 9th Street W
Bradenton, FL 34205
941-714-7449 Fax: 714-7458

Sarasota One-Stop Center
3660 N. Washington Blvd.
Sarasota, FL 34234
941-358-4200 Fax: 358-2820

Venice One-Stop Center
897 East Venice Avenue
Venice, FL 34292
941-486-2682 Fax: 480-3098