



Youth Application for Workforce Innovation and Opportunity Act (WIOA) Services Field Descriptions

GenerationGo!
290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

Use this tool to assist with filling out the “Youth Application for WIOA Services” form.

Line #	Field Name	Description	Note
1	Social Security Number:	Nine-digit number from Social Security card.	
2	Name (First, Middle Initial, Last):	Legal name; no nicknames or abbreviations.	
3	Residence Street Address:	Street address where customer lives; include apartment numbers and/or letters.	
	Residence city:	Name of city where customer lives.	
	Residence State:	Name of state where customer lives.	
	Residence Zip code:	Five-digit zip code where customer lives.	
4	Primary Telephone Number:	Area code and seven-digit telephone number.	
	Type:	Identify type of phone number by checking appropriate box.	
5	Alternate Telephone Number:	Area code and seven-digit telephone number.	
	Type:	Identify type of phone number by checking appropriate box.	
6	Text Telephone Number:	Area code and seven-digit telephone number.	
	Email Address:	Current email address to receive messages.	
7	Mailing Address:	Complete only if different from “Residence Address.”	
8	Date of Birth:	Customer’s eight-digit birthdate (mm/dd/yyyy).	
	Gender:	Identify by checking appropriate box.	
9	Are you registered with Selective Service?	Identify by checking appropriate box. Enter the registration # and date.	Males only
10	Citizenship:	Identify by checking appropriate box. A# must be completed if “U.S. Permanent Resident” is checked.	
	Do you consider yourself to be of Hispanic heritage?	Identify by checking appropriate box. “Hispanic” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.	
11	Race:	Identify by checking appropriate box(es).	
12	Are you a migrant worker or farmworker?	<u>Farmworker</u> = a person who has spent at least 50% of their total work time in the last 12 months in farm work. <u>Migrant</u> = a person who traveled to an area for work and was unable to return to permanent residence within the same day. <u>Migrant Farmworker</u> = A person who meets both of the above criterion.	
	If so, please specify type	Identify by checking the appropriate box.	
13	Are you a transitioning military service member?	Identify by checking the appropriate box, include the estimated discharge date.	
14	Have you served in the U.S. Military, Naval or Air Service?	Identify by checking appropriate box. Refers to active U.S. military, naval, or air service, <u>and</u> received other than dishonorable discharge.	





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15	Campaign Veteran?	Identify by checking appropriate box. A veteran who served on active duty in the U.S. armed forces during a war or campaign or expedition for which a campaign badge or expeditionary medal has been authorized.	
	Recently separated?	Identify by checking appropriate box. Yes = Application date is within 48-months after discharge or release from active U.S. military, naval, or air service.	
16	Date entered Military service:	Date entered active U.S. military, naval, or air service (mm/dd/yyyy).	
	Military service discharge date:	Date of discharge or release from active U.S. military, naval, or air service (mm/dd/yyyy).	
	Type of discharge:	As specified on form DD214.	
17	Which branch?	As specified on form DD214.	
	Are you active in the Military Reserve?	Identify by checking appropriate box.	
18	Have you attended a Transitional Assistance Program (TAP) workshop in the last 3 years?	Identify “yes” or “no”. TAP is a workshop for transitioning military personnel.	
19	Employment status:	Identify by checking appropriate box.	
20	How many weeks have you been unemployed?	Number of weeks (up to 26) passed since customer worked at last job.	
	What is your current or most recent hourly rate of pay?	If paid by commission or receiving a salary, can convert to hourly rate by dividing the amount paid by the total hours worked. Hourly rate may also include commissions, bonuses, tips, gratuities, and overtime pay earned.	
21	What is your current or most recent occupation?	Identify job title. STAFF – Identify Job Title found on ONet.	
22	If employed, are you under-employed?	Identify by checking appropriate box. Defined as an individual who is working part-time (less than 30 hours per week) but desires full-time employment, or who is working in employment not commensurate with the individual's demonstrated level of educational attainment.	
	Have you received a termination or layoff notice from your last job or from your current job, if still employed?	Identify by checking appropriate box.	
	Are you a Displaced Homemaker?	Identify by checking appropriate box. See line #23 “Reason for Layoff, Category 6” for definition.	
23	Reason for layoff:	Identify by checking appropriate box. See line #23 “Reason for Layoff” for definitions.	





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24	What is your projected layoff date, if applicable?	Complete this box if selecting Category 3 or 4 on Line #23 OR if currently working and have received a termination/layoff notice giving a future date as the last day to work. Enter the actual or projected date.	
	Did you attend a group orientation (Rapid Response)?	Identify by checking appropriate box. Yes = customer has attended a Rapid Response group orientation meeting prior to Application Date. If yes, provide date and location of event.	
25	Dislocation employer/current employer/most recent employer:	Name of Business/Employer of the most recent job held; name of current Business/Employer if working now.	
26	Employer street address:	Business/Employer’s street address; include apartment numbers and/or letters.	
27	Employer city:	Name of city where business/employer is located.	
	Employer State:	Name of state where business/employer is located.	
	Employer Zip code:	Five-digit zip code where business/employer is located.	
28	Industry:	The industry this employer is associated with; i.e., retail, manufacturing, construction, education, etc.	
	Number of months worked:	Total number of months worked at this job.	
	Job title:	Name the position/job title held at this job. STAFF: Identify ONet job title.	
	Hourly wage: \$	If paid by commission or receiving a salary, can convert to hourly rate by dividing the amount paid by the total hours worked. Hourly rate may also include commissions, bonuses, tips, gratuities, and overtime pay earned.	
29	Employer telephone:	Area code and seven-digit telephone number.	
	Start date:	The first day of employment at this job (mm/dd/yyyy).	
	Actual layoff/End date:	The last day of employment at this job (mm/dd/yyyy).	
30	Hours worked per week:	Total number of hours worked per work week.	
	Reason for leaving job:	Identify by checking appropriate box.	
31	Specify salary amount paid and payment schedule:	Write in amount paid, then identify rate by checking appropriate box.	
	Are you receiving unemployment compensation?	Identify “UI benefits” status by checking appropriate box. WPRS = Worker Profiling and Reemployment Services (EDD).	
32	Summary of primary job duties performed:	Briefly list the main tasks performed and/or were responsible for at this job.	
33	Name of previous employer/business:	Name of Business/Employer of the job held BEFORE the job listed on Line 21.	
34	Employer street address:	Previous Business/Employer’s street address; include apartment numbers and/or letters.	
35	Employer city:	Name of city where previous Business/Employer is located.	
	Employer State:	Name of state where previous Business/Employer is located.	
	Employer Zip code:	Five-digit zip code where previous Business/Employer is located.	





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Line #	Field Name	Description	Note
36	Job title/occupation:	Name the position/job title held at this job.	
	Start date:	The first day of employment at this job (mm/dd/yyyy).	
	End date:	The last day of employment at this job (mm/dd/yyyy).	
	Hours worked per week:	Total number of hours worked per work week.	
37	Reason for leaving job:	Identify by checking appropriate box.	
	Specify salary amount paid and payment schedule:	Write in amount paid, then identify rate by checking appropriate box.	
38	Summary of primary job duties performed:	Briefly list the main tasks performed and/or were responsible for at this job.	
39	Highest School (H.S.) grade completed:	Identify by writing in the highest grade completed if 1 st through 11 th grade. Or identify as follows: <ul style="list-style-type: none"> • 12th grade completed & Did not receive diploma or equivalent • High School Equivalency Diploma • High School Diploma • 1 Year of College or a Technical or Vocational School • 2 Years of College or a Technical or Vocational School • 3 Years of College or a Technical or Vocational School • Certificate of Attendance/Completion (Disabled Individuals) • Vocational School Certificate • Associate’s Degree • Bachelor’s Degree • Master’s Degree • Doctorate Degree • Specialized Degree (e.g. MD, DDS) 	
	Do you have a H.S. diploma?	Identify attainment of high school diploma by checking appropriate box.	
	Do you have a GED?	Identify by checking appropriate box.	
40	Are you currently attending school? (compare to number 8 for age of compulsory school attendance)	Identify by checking appropriate box. <u>In-school, High School or less</u> = Not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post-secondary school) or is between school terms and intends to return to school. <u>In-school, Alternative School</u> = Not a high school graduate (or equivalent) and is attending an alternative high school or an alternative course of study approved by the local educational agency (whether full or part-time), or is between school terms and intends to return to school. <u>In-school, Post High School</u> = Is a high school graduate (or equivalent) and is attending a post-secondary school or is between school terms and intends to return to school. <u>Not attending school, or H.S. Dropout</u> = Not attending any school and is not a high school graduate (or equivalent). <u>Not attending school, H.S. Graduate</u> = Not attending any school and is a high school graduate (or equivalent).	





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41	Are you currently enrolled in education leading to High School Diploma, GED, or certification?	Identify by checking appropriate box. Definition of education includes technical/vocational school, community college, and universities.	
42	Displaced Homemaker?	Identify by checking appropriate box. See line #23 “Reason for Layoff, Category 6” for definition.	
	Limited English?	Identify by checking appropriate box. Yes = an individual who has limited ability in speaking, reading, writing or understanding the English language.	
	Single Parent of a child under 18?	Identify by checking appropriate box. Yes = a single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children <i>under age 18</i> .	
43	Are you homeless?	Identify by checking appropriate box. Yes = Lacks a fixed, regular and adequate nighttime residence; <u>or</u> ... Has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; <u>or</u> ... Is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.	
	Are you a runaway?	Identify by checking appropriate box. Yes = The customer is a youth (14-17) who absents him/herself from home or place of legal residence without the permission of parents or legal guardian.	Youth only
44	Have you ever been convicted of a crime?	Identify by checking appropriate box. An Offender is an individual (adult or youth) who either: a) Is or has been subject to any stage of the criminal justice process for committing a status offense or a delinquent act, <u>or</u> ... a) Requires assistance in overcoming barriers to employment resulting from a criminal arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.	
	Are you a pregnant or parenting Youth?	Identify by checking appropriate box. Yes = Customer is under 22-years old and is pregnant (or a youth (male or female) that provides custodial care for a minor child. A yes answer on this line should reflect a yes on #42b.	Youth only
45	Are you a Foster Care Youth?	Identify by checking appropriate box. Yes = Customer is currently in foster care, or has been in the foster care system at any point during their lifetime.	Youth only
	Basic skills deficient?	Identify by checking appropriate box. Yes = Customer meets the local definition of basic skills deficient, which must include a determination that an individual: a) Computes or solves problems, reads, writes or speaks English at or below 8 th grade level, <u>or</u> ... Is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society.	





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46	Assessed?	Yes, WIOA = an assessment has been conducted by a WIOA funded provider. Yes, Non-WIOA = an assessment has been conducted by a non-WIOA funded provider.	Staff use only
	Substance abuse?	Identify by checking appropriate box. Yes = The customer requires substance abuse treatment in order to obtain employment. Youth has been referred to a drug or alcohol rehabilitation center.	
	Poor work history?	Identify by checking appropriate box. Yes = Has no employment history for the past 12-months. No = Has employment history within the past 12-months.	
47	Gang status:	Identify by checking appropriate box.	
	Youth of incarcerated parent?	Identify by checking appropriate box regarding a currently incarcerated parent.	Youth only
	Parent parolee number:	Record (if applicable) for positive response to Line #44 questions.	
48	Are you receiving Public Assistance benefits?	Identify by checking appropriate box(es) that apply.	
49	Food Stamp status:	Identify by checking appropriate box.	
	Are you a publicly supported Foster Child?	Identify by checking appropriate box. Yes = A child being raised by an individual other than his or her natural or Adoptive parents in a home approved by the courts or child welfare agency and on behalf of whom state or local government payments are made. A yes answer on this line should reflect a yes on #45.	Youth only
	Currently receiving or notified you will be receiving Pell Grant monies?	Identify by checking appropriate box.	
50	Youth barrier requires additional assistance?	Identify by checking appropriate box. See page 6 of the WIOA Youth Eligibility guidelines.	Youth only
51	Family size:	Record the total number of family members related by blood, marriage, or decree of court. Including the customer, and anyone in the following categories: <ul style="list-style-type: none"> • A husband, wife, and dependent children • A parent or guardian and dependent children • A husband and wife Include family members who are voluntarily and temporarily residing elsewhere (i.e. attending college or visiting relatives). A stepchild or stepparent is considered to be related by marriage.	
	Estimated family income for the past 12 months:	Enter the whole dollar amount that the customer (and customer’s family, if applicable) received as income for the twelve-month period prior to application date. Exclude unemployment insurance compensation, child support payments, public assistance program payments and old age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402). A customer, who is disabled, should exclude the income of family members.	





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52	Currently seeking work?	Identify by checking appropriate box.	
	If seeking work, what type?	Specify type of work customer is looking for.	
	Do you have a license/certificate in this field?	Identify by checking appropriate box.	
53	Do you have a valid driver's license?	Identify by checking appropriate box(es).	
Pg 5	Signature of Applicant:	Signature of customer.	
	Date signed:	Date customer signed the form.	
	Parent/Guardian Signature	Signature of Parent and/or guardian if the applicant is under 18 years of age.	
	Date signed:	Date parent or guardian signed the form.	
	Eligibility date:	The first date WIOA services are provided to the customer. May be the same as “Line #1, Today's Date” or later.	Staff use only
	Specify eligibility status and funding information:	Identify by checking appropriate box(es).	
	Signature of Interviewer	Signature of Youth Provider staff member who assisted customer with form.	
	Date:	Date Interviewer signed form.	
	Signature of Reviewer:	Signature of WDD staff reviewer	
	Date:	Date Reviewer signed form.	
	Printed name of assigned case manager	Name of case manager	

NOTE: This information is provided to ensure accuracy and consistency of data. If you have any questions or concerns about any of the field descriptions, please notify your supervisor, who will then forward the information to the Centralized Data Unit CDU. The form will be updated as required.

