Welcome to the Ohio Career Launch Youth Program

Employment & Education

OhioMeansJobs®

Hardin County

A proud partner of the American Job Center network

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Ohio Career Launch Program Application

ODJFS | Office of Workforce Development

Department of Job & Family Services

Participant Name (First, Middle, Last) _____

Preferred Name _____

Date of Birth _____ **Social Security Number** _____

Gender at Birth ☐ Male ☐ Female

Participant Address ☐ Experiencing Homelessness ☐ Runaway ☐ Mailing Address if applicable

Street _____ City/State/Zip _____

Phone Number _____ **Email Address** _____

Emergency Contact Name _____ **Contact's Phone Number** _____

Race ☐ Asian ☐ American Indian/Alaska Native ☐ Black/African American ☐ Hawaiian Islander/Other Pacific Islander ☐ White

Ethnicity ☐ Latino ☐ Not Latino ☐ Prefer not to answer

Citizenship (check all that apply) US Citizen ☐ Yes ☐ No Authorized to work in the U.S. ☐ Yes ☐ No

Primary Language _____ Do you need help learning to speak/write English? ☐ Yes ☐ No

Transportation Do you have a valid driver's license? ☐ Yes ☐ No Do you have reliable transportation? ☐ Yes ☐ No

Military ☐ Currently Serving ☐ Veteran ☐ Spouse of Active Duty Military ☐ Caregiver of a Veteran

Dates of service or active duty _____

Registered for Selective Service (males 18 or older)? ☐ Yes ☐ No ☐ Not Required

Justice System Have you ever experienced any of the following?

- ☐ Juvenile correction facility
- ☐ Juvenile detention facility
- ☐ Probation
- ☐ Adult jail
- ☐ Adult prison
- ☐ Involvement with a court, no conviction

Children Services Do any of the following apply to you?

- ☐ Currently in foster care
- ☐ Aged out of foster care
- ☐ 16 years old, left foster care for kinship guardianship or adoption
- ☐ In an out-of-home placement
- ☐ Eligible for assistance through the John H. Chafee Foster Care Program for Transition to Adulthood

Household Composition

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced

Are you a parent, specified relative or legal guardian/custodian of a minor? ☐ Yes ☐ No

If yes, number of children _____ Age of youngest child _____

Are you currently pregnant? ☐ Yes ☐ No ☐ N/A

Are you a non-custodial parent? ☐ Yes ☐ No ☐ N/A

If you have a child, do you provide more than 50% of their financial support? ☐ Yes ☐ No

Are any minor children living in your home? ☐ Yes ☐ No

Do you have a dependent living in your home (other than your spouse or your children) where you provide more than 50% of their financial support? ☐ Yes ☐ No

Are you living on your own without financial support from a parent/guardian? ☐ Yes ☐ No ☐ N/A

If you are 18 or older, does another person provide at least 50% of your financial support? ☐ Yes ☐ No ☐ N/A

In the past 6 months, have you or were you a part of a family that received food assistance (SNAP)? ☐ Yes ☐ No

If yes, were you referred to complete SNAP Employment and Training (SNAP E&T) hours? ☐ Yes ☐ No ☐ N/A

If yes, are you required to complete work hours? ☐ Yes, I am required ☐ No I am not required, I volunteer ☐ N/A

Are you or is a member of your public assistance group currently on a sanction? ☐ Yes ☐ No

Do you currently owe for fraudulent public assistance (food or cash)? ☐ Yes ☐ No

Is your family eligible to receive free/reduced-price lunches? ☐ Yes ☐ No

Household Income

Include all household income received in the last 30 days

Name	Relationship	Income Type	Hourly/Weekly Wage	Average Monthly Income
	Self			
			Total Average Monthly Income	

Educational History

Are you currently attending high school or junior high school? ☐ Yes ☐ No

If yes, what is your current grade level _____

Do you have a high school diploma or a GED? ☐ Diploma ☐ GED ☐ Neither ☐ N/A

If neither, what was the last grade completed _____

Are you currently enrolled in a high school equivalency program or Ohio Aspire? ☐ Yes ☐ No

Are you currently attending or enrolled in any college, university, or other higher education? ☐ Yes ☐ No

Do you have any of the following?

☐ Some college ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Other Post-Secondary Degree

☐ Certificate ☐ None

If yes, please specify _____

Are you currently receiving or have you applied for a Pell Grant? ☐ Yes ☐ No

Have you taken a recent math/reading assessment? ☐ Yes ☐ No

Are you enrolled in Vocational Rehabilitation through **Opportunities for Ohioans with Disabilities**? ☐ Yes ☐ No

Do you have any of the following types of disability? ☐ Physical ☐ Mental/Emotional ☐ Learning ☐ No Disability

Acknowledgments

Relationship Disclosure

Do you have a business or personal relationship with any of the following individuals:

- ☐ Local elected official (such as a mayor or county commissioner)
- ☐ Workforce Development Board member or subcommittee member
- ☐ An executive, supervisor, or employee responsible for supervising or administering federal Workforce Innovation and Opportunity Act (WIOA) programs
- ☐ OhioMeansJobs Center partner employee, WIOA sub-recipient, and/or contractor
- ☐ County employee

If yes, please provide their name(s) _____

Complaint Rights

☐ I have received a copy of the JFS Form 08063 **Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)**

Voting

Have you been given the opportunity to register to vote? ☐ Yes ☐ No ☐ N/A

Media Release

☐ I give my permission for facilitators to take and use photographs and images of me. This permission includes the use of photographs and images of me in all media, whether in print or electronic form, for the promotion of the program or any other purpose. I agree that I will not have the chance to approve the finished product(s) or copy used. I agree to release and hold harmless Facilitators, their successors, agents, contractors, employees, and assignees, from any and all claims arising from the use and publication of my photographs or images.

Attestation: By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the Ohio Career Launch program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in the program services and activities. As part of my enrollment, I give my consent for the County Department of Job and Family Services, OhioMeansJobs Center, Ohio Department of Job and Family Services, Opportunities for Ohioans with Disabilities, Ohio Department of Developmental Disabilities, other partner agencies, and their employees, agents, and contractors (hereafter referred to as "Facilitators") to share information about me to provide me with services. This includes assessment(s), goal and service plan(s), career coaching, and other services while I am enrolled and for one year after I leave the program, to help me reach and maintain my goals.

Applicant signature: _____ **Date:** _____

Parental Release for Minor: By signing this release, I confirm that I am the parent or legal guardian of the minor and that the information I provide(d) to enroll them in the program is accurate. I understand that if I provide(d) inaccurate information, then their services may be terminated.

Parent/Guardian print first and last name: _____ **Date:** _____

Parent /Guardian signature: _____ **Relationship to Minor:** _____

Staff Signature: _____ **Date Received:** _____