

# WELCOME TO THE WIOA ADULT & DISLOCATED WORKER PROGRAMS

## Employment & Training



### Hardin County

A proud partner of the  
American Job Center network

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For more information call 419-674-2312  
175 W. Franklin St., Suite 150, Kenton, OH 43326

**Welcome!** Please complete the following application and attached documents.

When you return the application, please bring copies of the following items:

- Social Security Card
- Birth Certificate
- Photo ID (Driver License or state ID)
- Income verification for the last 30 days for everyone in the household (i.e. paystubs, awards letter, child support, etc)

If you do not have a copier, or access to a copier, you may bring these documents up to the OhioMeansJobs Hardin County (175 W. Franklin St., Suite 150, Kenton, Ohio 43326) and one of the Employment Specialists will make copies.

If you have any questions after submitting your application for approval, you can contact one of our specialists at the numbers provided on the cover sheet to this packet.



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**Workforce Innovation and Opportunity Act**  
*Customer Registration/Referral & Information Sharing Form*

<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>	<b>Social Security Number</b>		<b>Gender</b>	
					- -		Male      Female	
<b>Street Address</b>			<b>Apt. No.</b>		<b>City, State</b>		<b>Zip</b>	
<b>County of Residence</b>		<b>Date of Birth (mm/dd/yyyy)</b>		<b>U.S. Citizen</b>		<b>Email Address</b>		<b>How did you hear about us?</b>
				Yes    No				
<b>Home Phone</b>		<b>Alternate Phone</b>		<b>Last Job Title</b>		<b>Last Wage - (Hourly/Salary)</b>		
( ) -		( ) -						
<b>Career Interest</b>		<b>Desired Wage - Hourly/Salary</b>		<b>Education Level: Circle the highest grade completed</b>				
				Grade                      High                      Postsecondary School                      School                      Education 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19				
<b>Employment Status (circle one)</b>				<b>Circle Highest Degree Obtained</b>				
1. Employed 2. Employed but looking for another career 3. Employed but received notice of lay off in next 180 days 4. Not Employed 5. Not employed due to permanent lay off				None      GED      High School Diploma      Certificate/License Associate      Bachelor      Master      Ph.D. Currently Attending School/Training: 1. Yes      2. No				
<b>Race/Ethnicity (please circle) optional</b>			<b>Veteran Status (circle)</b>		<b>Individual with Disability (please circle)</b>			
1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Hawaiian Native or other Pacific Islander 5. Hispanic or Latino 6. White			1. Yes      2. No		1. Yes, I have a disability 2. Yes, I have a disability and it results in a substantial impediment to employment 3. No, I do not have a disability			
			<b>Convicted of Felony? (please circle)</b>					
			1. Yes      2. No					
<b>I am here because I would like assistance with the following services to meet my employment goals: (circle ALL that apply)</b>								
Available Jobs	Career Planning	Job Retention	Daycare					
Networking	Career Advancement	Access to copier/fax	Internet Access					
Education/Job Training	Transportation	Resume Writing	Job Market Information					
Interviewing Skills	GED preparation	Cash assistance	Unemployment Compensation					
Computer Access	Skills evaluation	Food Stamps	Summer Youth Employment Program:					
Child Support Services	Emergency Assistance	Medical Card	Other:					
<b>Sources of Income (circle all that apply)</b>								
Employment	Food Stamps	Worker's Compensation						
Unemployment Compensation	Veteran Benefits	Child Support						
TANF (cash assistance)	Social Security Income/SSI	Other:						
<b>Release of Information</b>								
I, _____, agree that the staff of OhioMeansJobs – Hardin County may exchange and disclose information in order to make determinations of my eligibility for benefits and/or services provided by programs under the partner agencies. I further agree that information regarding any employment obtained may be verified by my employer.								
<b>Signature</b> _____						<b>Date</b> _____		
<b>For Office Use Only</b>								
<b>Referrals to partners? (list)</b> _____								
<b>Staff Signature</b> _____						<b>Date</b> _____		



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**WIOA – INDIVIDUAL ASSESSMENT**

Social Security Number:		Assessment Date:	
Last Name:		First Name:	
Address:			
City:		State:	Zip:
Phone: Home	Cell	E-mail:	
Are you a Veteran or Spouse of a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager:	
Are you currently receiving WIA services from any agency?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list:	

**Employment History**

<b>Employer:</b>	City:	State:
Start date:	End Date:	
Salary:	Per (Hour/Week/Month):	
Job Description:		
Reason for leaving:		
<b>Employer:</b>	City:	State:
Start date:	End Date:	
Salary:	Per (Hour/Week/Month):	
Job Description:		
Reason for leaving:		
<b>Job Seeking Skills:</b>	Do you have a resume:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Job Retention Skills:</b>		
Were you able to get to work on time? (Please explain “no” response)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you work all scheduled hours? (Please explain “no” response)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Education and Training**

<b>Education</b>			
<b>Highest Grade Completed:</b>	<b>Currently in School:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to obtain your GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment Skills:</b>		<b>Aptitude/Ability Tests</b>	
Are there any training programs you started but didn’t complete?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Training Program</b>	<b>Reason for Leaving</b>	<b>Exit Date</b>	

**Support System**

<b>Childcare:</b>		
Expecting a Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due Date:
Number of Children:		
Do you have a childcare provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Childcare Assistance Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:
What is your backup plan if provider is not available?		

**Additional Support:** Describe any additional supports you need to be successful in employment/participation:

**Housing:** Homeless in the last year  Yes  No

Please Explain:

Current Situation:  Yes  No  
 Expect any changes in 90 days?  Yes  No

Please Explain:

**Household Members**

First, Last	Birthday/Age/Gender	Relation/Dependent

**Transportation**

Do you have reliable transportation:  Yes  No

What is your backup plan, if primary transportation is unavailable?

**Drivers License:** **State:** **Class:** Status (Suspended, Points Re-en-statement Fees):

**Health or Physical Limitations**

**Please List Conditions**

Are you currently under the care of a Doctor  Yes  No

Are you taking Prescription Medications  Yes  No

Do you have any other health concerns related to employment  Yes  No

Do you have medical coverage  Yes  No

**Assessment- Financial Information**

**Monthly Household Resources (Public Assistance, Earned, Unearned, Income)**

Resource Type	Description	Amount
		\$
		\$
		\$
Total Monthly Resources		\$

**Monthly Household Expenditures**

Type (electric, gas...)	Description	Amount
Housing		\$
Electric		\$
Water		\$
Phone		\$
Car Ins.		\$
Total Monthly Expenditures		\$

**Barriers**

<b>Barrier</b>		<b>Please Explain</b>
Have you ever been convicted of a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a misdemeanor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been treated for alcohol or drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Plan to Overcome Barriers/S**

<b>Barrier</b>	<b>Plan</b>

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employment Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Determination of WIOA Dependent Status Checklist

**If the answer of any of the below categories is “Yes,” the individual is considered to be independent.**

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

Required Documentation	Yes	No	Documentation & comments on file
Are you 24 or older?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you provide more than 50% of your own <b>support</b> *?	<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 <b>without</b> support from parents or guardians?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently serving on active duty in the U.S. armed forces for purposes 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"/>	

By signing this document, you attest that all information provided is true and valid.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_