

WELCOME TO THE WIOA ADULT & DISLOCATED WORKER PROGRAMS

Employment & Training



OhioMeansJobs®

Hardin County

A proud partner of the
American Job Center network

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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.

**OhioMeansJobs.**Hardin County
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Last Name		First Name		M.I.	Social Security Number		Gender	
					— —		Male Female	
Street Address			Apt. No.		City, State		Zip	
County of Residence		Date of Birth (mm/dd/yyyy)		U.S. Citizen		Email Address		How did you hear about us?
				Yes No				
Home Phone		Alternate Phone			Last Job Title		Last Wage - (Hourly/Salary)	
() -		() -						
Career Interest		Desired Wage - Hourly/Salary			Education Level: Circle the highest grade completed			
					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			
Employment Status (circle one)					Circle Highest Degree Obtained			
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			
Race/Ethnicity (please circle) optional				Veteran Status (circle)		Individual with Disability (please circle)		
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		
				Convicted of Felony? (please circle)				
				1. Yes 2. No				
I am here because I would like assistance with the following services to meet my employment goals: (circle ALL that apply)								
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:		
Sources of Income (circle all that apply)								
Employment		Food Stamps		Worker's Compensation				
Unemployment Compensation		Veteran Benefits		Child Support				
TANF (cash assistance)		Social Security Income/SSI		Other:				
Release of Information								
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.								
Signature _____					Date _____			
For Office Use Only								
Referrals to partners? (list) _____								
Staff Signature _____					Date _____			

**OhioMeansJobs**Hardin County
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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

Employer:	City:	State:
Start date:	End Date:	
Salary:	Per (Hour/Week/Month):	
Job Description:		
Reason for leaving:		
Employer:	City:	State:
Start date:	End Date:	
Salary:	Per (Hour/Week/Month):	
Job Description:		
Reason for leaving:		
Job Seeking Skills:	Do you have a resume:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Retention Skills:		
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

Education			
Highest Grade Completed:	Currently in School:	<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
Employment Skills:		Aptitude/Ability Tests	
Are there any training programs you started but didn't complete?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training Program	Reason for Leaving	Exit Date	

Support System

Childcare:		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:			
Current Situation:	Expect any changes in 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:			
Household Members			
First, Last	Birthday/Age/Gender	Relation/Dependent	
Transportation			
Do you have reliable transportation:		<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you taking Prescription Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other health concerns related to employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have medical coverage	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Barrier		Please Explain
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

Barrier	Plan

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 support *?	<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 support * 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 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:** _____