

 <p>Coastal <b>WORK SOURCE</b> <b>GEORGIA</b> Connecting Talent with Opportunity A proud partner of the AmericanJobCenter network</p> <p align="center"><b>Workforce Innovation and Opportunity Act (WIOA) Eligibility Application</b></p>		SSN: _____ <input type="checkbox"/> Verified
		LWDA: _____
		Office: _____
		Resp. Office: _____
		Agency: _____
		Application Date: _____
<b>Eligibility Dates:</b>		
Adult	Dislocated Worker	Youth
<b>Contact Information</b>		
First Name _____ Middle: _____ Last Name: _____		
Residential Address: <i>Note – the address entered here will become the eligibility address which is captured on the application</i>		<input type="checkbox"/> Verified
Line 1: _____		
Line 2: _____		
City: _____ State: _____ County: _____		
Zip Code: _____		
<b>Primary Phone Number:</b> _____ Ext. _____	<b>Primary Phone Type (Select 1)</b> <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other	<b>Phone Mode (Select 1):</b> <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone
<b>Alternate Phone Number:</b> _____ Ext. _____	<b>Alternate Phone Type (Select 1)</b> <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home <input type="checkbox"/> Other	<b>Phone Mode (Select 1):</b> <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone
Fax Phone: _____	Email: _____	
<b>Mailing Address:</b> Check here if Mailing address is the same as residential address <input type="checkbox"/>		
Line 1: _____		
Line 2: _____		
City: _____ State: _____ Zip Code: _____ Country: _____		
<b>Demographic Data</b>		
Date of Birth: _____ <input type="checkbox"/> Verified	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Registered for the Selective Service: <span style="float: right;"><input type="checkbox"/> Verified</span>		
<input type="checkbox"/> Yes	<input type="checkbox"/> Documented exemption from registration	
<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
Selective Service Registration #: _____	Registration Date: _____	
Authorized to work in U.S.: <span style="float: right;"><input type="checkbox"/> Verified</span>		
<input type="checkbox"/> Citizen of U.S. or U. S. Territory	<input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S.	
<input type="checkbox"/> U.S. Permanent Resident	<input type="checkbox"/> None of the above	
Alien/Visa Registration #: _____	Alien/Visa Expiration Date: _____	
Considered to be of Hispanic heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (multiple selections are allowed when I do not wish to answer is not selected): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I do not wish to answer	
<b>Disability</b>		
Considered to have a disability: <span style="float: right;"><input type="checkbox"/> Verified</span>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Disclosed	
<b><u>IF NO – SKIP TO TRANSITIONING SERVICE MEMBER, (Top of Page 3)</u></b>		
Category of Disability:		
<input type="checkbox"/> Physical/Chronic Health Condition	<input type="checkbox"/> Physical/Mobility Impairment	
<input type="checkbox"/> Mental or Psychiatric Disability	<input type="checkbox"/> Vision-related disability	
<input type="checkbox"/> Hearing-related disability	<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Cognitive/Intellectual disability	<input type="checkbox"/> Information Not Disclosed	
<input type="checkbox"/> No disability		
Received Services from a State Development Disabilities Agency:	Received Services from a State or Local Mental Health Agency:	Received Services from a Home & Community Based Service Provider under a State Medicaid Waiver:
<input type="checkbox"/> SSDA <input type="checkbox"/> No	<input type="checkbox"/> LSMHA <input type="checkbox"/> No	<input type="checkbox"/> HCBS Waiver <input type="checkbox"/> No
Disability Work Setting:		
<input type="checkbox"/> Competitive integrated employment	<input type="checkbox"/> Individual supported employment	
<input type="checkbox"/> Group supported employment	<input type="checkbox"/> Sheltered workshop	
<input type="checkbox"/> Combination of two or more settings	<input type="checkbox"/> Not employed	
Type of Customized Employment Services Received:		
<input type="checkbox"/> Discovery assessment services	<input type="checkbox"/> Developed a customized employment search plan	
<input type="checkbox"/> Employer negotiation services	<input type="checkbox"/> Sheltered workshop	
<input type="checkbox"/> Secured employment as a result of receiving customized Employment Services and received extended support services	<input type="checkbox"/> No CES services	
Received Disability Financial Capability:		
<input type="checkbox"/> Benefit planning services	<input type="checkbox"/> Financial capability/asset development services	
<input type="checkbox"/> Benefit planning services and financial capability/asset Development services	<input type="checkbox"/> No	
Section 504 Plan:	Received Services from Vocational Rehabilitation:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Transitioning Service Member		
Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transitioning Service Member: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge	Estimated Discharge Date: _____
Veteran Information Service		
Eligible Veteran Status: <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No	<input type="checkbox"/> Verified	Served more than 1 tour of duty <input type="checkbox"/> Yes <input type="checkbox"/> No
	Begin Date 1:	Discharge Date 1:
Campaign Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Begin Date 2:	Discharge Date 2:
	Begin Date 3:	Discharge Date 3:
Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> Yes, Special Disabled (30% or greater) <input type="checkbox"/> No	Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Services from Veterans Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment		
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed		<input type="checkbox"/> Verified
If employed, individual is under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Unemployment Eligibility Status: <input type="checkbox"/> Neither claimant nor exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee	<input type="checkbox"/> Verified
UI Referred by Status: <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> Not Applicable	Claimant has been exempt from work search: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Date Claimant was exempted from work search: _____
Long Term Unemployed (27 or more consecutive weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No		Current or most recent hourly rate of pay: <input type="checkbox"/> Verified \$ _____
Occupation of Most recent Employment prior to WIOA participation (if available): ONet Code and title: _____		
Dislocated Worker Information <i>The following prompts are only required for Dislocated Worker Eligibility</i>		
Dislocated Worker Category: <input type="checkbox"/> Category 1: Terminated or laid off, or has received notice of termination or layoff, <b>and is eligible for or has exhausted entitlements to UC, and</b> is unlikely to return to previous industry or occupation. <input type="checkbox"/> Category 2: Terminated or laid off, or has received notice of termination or layoff, <b>and</b> has been employed for sufficient duration (based on State policy) to demonstrate workforce attachment, but <b>is not eligible for UC due to insufficient earnings, or the employer is not covered under the State UC law, and</b> is unlikely to return to previous industry or occupation. <input type="checkbox"/> Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the <b>Permanent closure of or substantial layoff</b> at a plant, facility or enterprise. <input type="checkbox"/> Category 4: Individual is <b>employed</b> at a facility at which time the employer has made a <b>general announcement that the facility will close</b> . Enter the date the facility will close (if known) in the Projected Layoff Date below.		<input type="checkbox"/> Verified

- Category 5: Individual was **previously self-employed** (including farmers, ranchers and fishermen), but is **unemployed** due to general **economic conditions** in the community of residence or because of **natural disaster**. Record the last date of self-employment in the Actual Layoff Date.
- Category 6: **Displace Homemaker**: An individual who has been providing **unpaid services to family members** in the home and has been dependent on the Income of another family member but is **no longer supported by the income**; or is the **dependent spouse** of a member of the Armed Forces on active duty and whose **family income is significantly reduced** because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; **and** is **unemployed or underemployed** and is experiencing difficulty in obtaining or upgrading employment.
- Category 7: The **spouse of a member of the Armed Forces** on active duty, and who has experienced **loss of employment as a direct result of relocation to accommodate a permanent change in duty station** of such member.
- Category 8: The **spouse of a member of the Armed Forces** on active duty and who is **unemployed or underemployed** and is experiencing difficulty in obtaining or upgrading employment.
- Category 12: **Dislocated Worker Grant (DWG) eligibility**: Individual does not meet criteria outlined for Dislocated Workers in categories 1 – 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.
- None of the above. Individual does not meet the definition of Dislocated Worker.

Projected Date of Layoff	Actual Layoff Date <i>If date is in the future, please leave blank until actual layoff date.</i> <input type="checkbox"/> Verified	
Attended Group Orientation ( <i>Rapid Response</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	Most Recent Date Attended Rapid Response Service	Rapid Response Event #

Dislocation Employer:

Employer Name \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dislocation Hourly Wage: \$ \_\_\_\_\_  Verified

**Education Information**

Highest School Grade Completed (from registration):

<input type="checkbox"/> No School Grades Completed	<input type="checkbox"/> 1 <sup>st</sup> Grade Completed
<input type="checkbox"/> 2 <sup>nd</sup> Grade Completed	<input type="checkbox"/> 3 <sup>rd</sup> Grade Completed
<input type="checkbox"/> 4 <sup>th</sup> Grade Completed	<input type="checkbox"/> 5 <sup>th</sup> Grade Completed
<input type="checkbox"/> 6 <sup>th</sup> Grade Completed	<input type="checkbox"/> 7 <sup>th</sup> Grade Completed
<input type="checkbox"/> 8 <sup>th</sup> Grade Completed	<input type="checkbox"/> 9 <sup>th</sup> Grade Completed
<input type="checkbox"/> 10 <sup>th</sup> Grade Completed	<input type="checkbox"/> 11 <sup>th</sup> Grade Completed
<input type="checkbox"/> 12 <sup>th</sup> Grade Completed	

High School Diploma or equivalent received:  Yes     No

Highest Education Level Completed:  Verified

<input type="checkbox"/> Attained High School Diploma	<input type="checkbox"/> Attained GED or Equivalent
<input type="checkbox"/> For Disabled Attained Certificate of Attendance/Completion	<input type="checkbox"/> Completed one or more years of post-secondary education
<input type="checkbox"/> Attained Post-Secondary Technical or Vocational Certificate (non-degree)	
<input type="checkbox"/> Attained Associate’s Diploma or Degree	<input type="checkbox"/> Bachelor’s Degree
<input type="checkbox"/> Attained beyond a Bachelor’s Degree	<input type="checkbox"/> No Educational Level Completed

School Status: <span style="float: right;"><input type="checkbox"/> Verified</span> <input type="checkbox"/> In-school, H.S. or less <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post H.S. <input type="checkbox"/> Not attending school, H.S. Dropout <input type="checkbox"/> Not attending school, H.S. Graduate or Recognized Equivalent <input type="checkbox"/> Not attending school; within age of compulsory school attendance		
Most Recent Date Attended Secondary School: <b>Youth Only</b> _____		
Within compulsory school age and did not attend the most recent complete school year calendar quarter ( <i>use most recent date attended secondary school</i> ): <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Verified</span>		
Has secondary school diploma/equivalent at Youth Program eligibility: <b>Youth Only</b> <span style="float: right;"><input type="checkbox"/> Verified</span> <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Status at Youth Program eligibility: <b>Youth Only</b> <input type="checkbox"/> In-school; Secondary School or less <input type="checkbox"/> In-school; post Secondary School <input type="checkbox"/> Not attending school; Secondary School Graduate or has a recognized equivalent <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> Not attending school or Secondary School Dropout <input type="checkbox"/> Not attending school; within age of compulsory school attendance		
(WIOA) Attending any School ( <i>used for In-School/Out-of-School determination</i> ): <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Receiving services from Adult Education (WIOA Title II): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Receiving services from YouthBuild: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	YouthBuild Grant Number: _____
Receiving services from Job Corps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Receiving Services from Vocational Education (Carl Perkins): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Individualized Education Plan Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Public Assistance</b>		
<i>Individual or member of a family that is receiving, or in the past 6 months has received, the following:</i>		
TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member	Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member	State or Local Income based public assistance ( <b>General Assistance</b> ): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member
Supplemental Nutrition Assistance Program (SNAP): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Social Security Disability Income (SSDI): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Refugee Cash Assistance (RCA): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member
<i>Individual currently meets the following:</i>		
Receiving Services under SNAP Employment & Training Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving or has been notified will receive, Pell Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	Ticket to Work Holder issued by the Social Security Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No

Foster Child (State or local payments are made for applicant.): <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Youth currently living in high poverty area: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Youth currently receives or is eligible for Free or Reduced Lunch: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
<b>Barriers</b>					
English language learner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Basic Skills Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
Offender – individual has been arrested/convicted of a crime: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		High School Drop Out (WIOA Definition): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Runaway: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified	
Pregnant or parenting youth: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Eligible under Section 477 of the Social Security Act: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified		Out-of-Home Placement: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided <input type="checkbox"/> Verified	
Youth in, or aged-out of Foster Care: <b>Youth Only</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, currently in <input type="checkbox"/> Yes, aged out <input type="checkbox"/> Verified			Youth Requires Additional Assistance to complete an educational program or to secure/hold employment: <b>Youth Only</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		
<b>Barriers to Employment</b>					
Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Within 2 years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verified		Hawaiian Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	
American Indian/Alaskan Native: <input type="checkbox"/> Yes <input type="checkbox"/> No		Single Parent (including single pregnant women): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided		Cultural Barriers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Provided	
Eligible migrant season farmworker as defined in WIOA Sec 167(i) <input type="checkbox"/> Yes <input type="checkbox"/> No			Meets Governors special barriers to employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Family Income:</b>					
Due to individual’s disability, they qualify as a Family of 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Size _____ <input type="checkbox"/> Verified		Annualized Family Income \$ _____ <input type="checkbox"/> Verified	
<b>FOR OFFICE USE ONLY</b>					
<b>Eligibility</b>					
Applicant meets the definition for low income <input type="checkbox"/> Yes <input type="checkbox"/> No			Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>WIOA Formula Program Eligibility</b>					
Adult <input type="checkbox"/> Yes <input type="checkbox"/> No		Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Basic Only		Youth <input type="checkbox"/> Yes, Out-of-School <input type="checkbox"/> Yes, In-School <input type="checkbox"/> No, Out-of-School <input type="checkbox"/> No, In-School  Serve under 5% Exception <input type="checkbox"/> Yes	

WIOA Grant Eligibility			
National Dislocated Worker Grant NDWG (formerly NEG) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Adult Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Dislocated Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Statewide Youth Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Statewide Incumbent Worker Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Statewide Rapid Response Additional Assistance Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Non-WIOA Grants			
Non-WIOA Special Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Local Funded Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Grants			
Grant Type	Grant Name	Grant Code	
Comments:			
WIOA Release of Information Consent /Certification & Acknowledgment			
<b>RELEASE INFORMATION FOR ELIGIBILITY</b>		<b>Initial Here</b>	
I authorize the release of my information to the Career Development Specialist as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor (GDOL). This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.			
<b>RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION</b>		<b>Initial Here</b>	
I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Development Specialist. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.			
<b>RELEASE INFORMATION FOR EMPLOYMENT</b>		<b>Initial Here</b>	
I authorize the release of my current and past employment information to the Career Development Specialist. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.			
<b>AUTHORIZATION &amp; MEDIA RELEASE</b>		<b>Initial Here</b>	
I, _____ (Participant Name) do / do not ( <i>circle one</i> ) hereby consent to permit WIOA Program staff or designee to make videotaped, photographic, or sound recording of me. I authorize the reproduction, copyright, broadcast, exhibition, and distribution of such videotapes, photographs, and sound recording by WIOA Program staff and that they make such use thereof as they see fit. I hereby assign all rights to the videotapes, photographs, and sound recordings made of me.			
<b>CERTIFICATION &amp; ACKNOWLEDGMENT</b>		<b>Initial Here</b>	
I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further			

consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.

**My authorization for Release of Information to or from the agencies/organizations listed above and Multimedia Release is valid until one year after case closure from the program.**

I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

**Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.**

***Please read carefully, initial each release/acknowledgment, sign and date.***

Signature:

Date:

**Parent/Guardian Permission for Youth Under Age 18**

I, the undersigned parent, give **WorkSource Coastal** and its **Agents** permission to assist my child, \_\_\_\_\_, in either furthering his/her education, preparing for and obtaining gainful employment, and/or exploring career alternatives.

Parent/Guardian Signature:

Date: