

INSTRUCTIONS FOR APPLICATION (CERTIFICATION)

The following are directions for completing the 2009 Summer Youth Application. The original must be maintained on file with your agency and a copy must be submitted for data entry to the Department of Labor
4425 North Market St.
DET/Contract Unit
P.O. Box 9828
Wilmington, DE 19809-0828

Please use ink and print all information legibly.

PERSONAL INFORMATION

- 1) **Last Name:** Enter applicant's last name.
- 2) **First Name:** Enter applicant's first name.
- 3) **Middle name:** Enter applicant's middle name.
- 4) **Suffix:** Enter applicant's suffix. (Jr., II, etc.)
- 5) **Date of Birth:** Enter date of birth
- 6) **Citizenship:** You must mark the appropriate box below:
 - a. U.S. Citizen: Must be a citizen or naturalized citizen of the U.S.
 - b. Eligible Non-Citizen: Status permits employment in the U.S.
 - c. Non-Citizen: Is neither a citizen or Eligible Non-Citizen (This person is not eligible for any WIA services).
- 7) **Gender:** Mark the appropriate box that best describes applicant.
- 8) **Race:** Mark the appropriate box that best describes applicant
- 9) **Ethnicity:** Mark the appropriate box that best describes applicant

ADDRESS & CONTACT INFORMATION

- 10) **Type of address:** Enter a check mark next to the type of address.
- 11) **Street Number:** Enter applicant's numerical address.
- 12) **Street Name:** Enter applicant's street name.
- 13) **Apartment:** If applicable, enter applicant's apartment identifier (1A, 5, B, etc.)
- 14) **County:** Check the county where the applicant lives.
- 15) **In Wilmington City Limits:** Check yes or no based on location of residence.
- 16) **City, State and Zip Code:** Enter applicant's city, state and zip code.
- 17) **Contact Information:** Enter as many of the applicant's contact information that you have available.

Eligibility Screening Information

- 18) **Registered for Selective Services:** Please put a check mark in the appropriate box if the statement below applies to the applicant (Yes or No)

If No, check what applies:

- Currently incarcerated or otherwise institutionalized
- Currently student at a U.S. Military Service Academy

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- Currently on Active Duty in U.S. Armed Forces
- Exception authorized by Selective Service Registration Status
- Honorably Discharged Veteran
- No Exemption
- Obviously Handicapped

Federal law requires that men born on or after 01/01/1960 must register as required by the Military Services Act within 30 days of their 18th birthday.

Eligibility Determination Information

- 19) **Family Size:** Enter the number in applicants family (including applicant)
- 20) **Includable family income from the last 6 months:** Enter the rounded dollar amount of family's income for the last 6 months.
- 21) **Single Parent (Applicant):** Check yes or no.
- 22) **Household Income:** Check all that apply.
- Supplemental Security Income (SSI)
 - Welfare Assistance (AFDC/TANF)
 - General Assistance
 - Food Stamps
 - Unemployment Insurance
 - Workman's Compensation Benefits
 - Veteran's Disability Benefits
- 23) **Barrier:** Check all that apply.
- Limited English Proficiency
 - Offender
 - Alcohol/Drug Dependency
 - Exhausted Welfare Assistance Eligibility
 - Foster Child
 - Runaway Youth
 - Mental or Physical Disability
 - Deficient in Basic Literacy Skills
 - School Dropout
 - Requires Additional Assistance to Complete School
 - Skills Grant Barrier (Needs Test)
 - Educational Attainment is one or more grade levels below the grade level appropriate to the age of the individual
 - Age 20 or younger and either Pregnant or Supporting one or more children
- 24) **Youth Education Status:** Check all that apply. (Youth Only)
- In-School, High School or Less
 - In-School, Alternative School
 - In-School, Post High School
 - Not Attending School; High School Dropout
 - Not Attending School, High School Graduate

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- 25) **Dislocated Worker:** Check yes or no. (if yes, continue completing this portion)
- 26) **Funding Eligibility:** All youth in the summer youth program will be WIA funded
- 27) **Valid Driver License:** Check yes or no.
- 28) **License Number:** Enter your numeric license number.
- 29) **Employed:** If employed check yes. You don't have to continue with the rest of this block.
- 30) **Not Employed:** If not employed, list number of weeks unemployed during the last 26 weeks.
- 31) **Never Held a Job:** Check box if applicant has never been employed.
- 32) **Physical or mental disability:** Check yes or no.
- 33) **Does disability constitute or result in a substantial barrier to employment:** Check yes or no.
- 34) **Requires assistance or auxiliary**
- 35) **Aids to utilize DET services:** Check yes or no.
- 36) **Currently receiving Unemployment**
- 37) **Insurance Benefits:** Check yes or no.
- 38) **Weekly Benefit amount:** List applicant's weekly benefit amount if applicable.
- 39) **Recently applied for Unemployment**
- 40) **Insurance Benefits:** Check yes or no.
- 41) **Exhausted a claim for Unemployment**
- 42) **Insurance Benefits within the last 6 mos.:** Check yes or no.

EDUCATION

- 43) **Currently attending school or between school terms but intend on returning to school** Check yes or no.
- 44) **Number of years of school attend:** Enter numerical number of years completed.
- 45) **Degree/Diplomas/Certificates/Licenses** Check all that apply.
- 46) **Course of study:** Write in name of course.
- 47) **Course completion date:** Enter in numerical date.
- 48) **State:** Write in what state you received degree.
- 49) **County:** Write in the county you received degree.
- 50) **Certificate/License:** Enter in the type of certificate/license you received(if any).

Migrant Farm Worker/Food Processor

- 51) **During the last 12 months:**
- 52) **Worked for at least 25 days in farm work:** Check yes or no.

Veterans

- 53) **Veterans:** Check yes or no.
- 54) **Entitled to Veterans preference based on spouse's military service:** Check yes or no.

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- 55) **Vietnam-era Veteran:** Check yes or no.
56) **Served during a war, campaign or expedition;** Check yes or no.
57) **Recently separated veteran:** Check yes or no.
58) **Service-connected disability:** Check yes or no.
59) **DVA Disability Rating:** If these apply put a check to the one that applies to you. (if less than 30% with serious employment disability enter dates).
60) **Branch of military service served:** Check appropriate branch.
61) **Military specialty or occupation:** Write in occupation or specialty.

ACTIVITY/GOAL ENROLLMENT

- 62) **Subcode:** Fill in subcode given to your agency (see bottom of application).
63) **Actual Date:** List Actual Start Date of training.
64) **Estimated End Date:** List Estimated End Date of when training will be completed.
65) **Estimated # of Hours:** List an Estimated # of hours to complete training.

CERTIFICATION

- 66) **Signature of Applicant/Date:** Applicant's signature and date.
67) **Signature of Parent, Guardian or Responsible Adult/Date:** Parent, Guardian or Responsible Adults signature and date
68) **Signature of Interviewer/Date:** Interviewer's signature and date.
69) **Subcode for your agency:** Complete the subcode given for your agency again. See bottom of application.

Next Step: Review the Equal Opportunity/Enrollee Rights form with Applicant. The application is not complete without that form signed and reviewed.