



# NRWIB Youth Build Application

Date		Social Security Number	Date of Birth
Name (First, Middle, Last)			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address	Mailing Address		Primary Phone
City, State, Zip Code	City, State, Zip Code		Secondary Phone
County of Residence	Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <small>If under 18 or female</small>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>	
<u>Emergency Contact</u> Name/Relationship:		Address:	Phone:
<b>Race:</b> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian Native/ Pacific Islander <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____ <input type="checkbox"/>			
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		If No: INS Alien Document Number Expiration Date: _____	If No, is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa #: _____
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List:: _____		Place of Birth: _____ City, State, Country	Drivers License State Issued _____ DL # _____ Expiration Date _____
Individual with a Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		Information regarding Disability: _____	Does Applicant have a current Department of Rehabilitation Services Case? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of People in Household	Is Applicant a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Applicant Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Applicant Dependents
<b>Custody Status of Applicant</b> <input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 &			
<input type="checkbox"/> Grandparent/Grandparents <input type="checkbox"/> DHS Custody/ Foster Care <input type="checkbox"/> Juvenile Probation Services <input type="checkbox"/> Legal Guardian other than Bio.			
<input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Protective Services			

Please List ALL Members in Your Household			
Name	Relationship	Age	
1			
2			
3			
4			
5			
6			
Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance	DHS Caseworker	
Housing Status Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant Ever Been Enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Needs (check all that apply)		Barriers (check all that apply)	
<input type="checkbox"/> Educational Counseling <input type="checkbox"/> Alternative School Services <input type="checkbox"/> High School Proficiency Tutoring <input type="checkbox"/> Jr. High School Proficiency Tutoring <input type="checkbox"/> Adult Education and Literacy Activities <input type="checkbox"/> Needs Work Experience <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Family Counseling <input type="checkbox"/> Mental Health Counseling		<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Skill Upgrade/Retraining <input type="checkbox"/> Summer Employment Opportunities <input type="checkbox"/> Internship <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Leadership Development <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Alcohol & Drug Counseling	
		<input type="checkbox"/> TANF Exhustee <input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting Teen <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> One or more of applicants parents received welfare assistance <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History	
		<input type="checkbox"/> Foster Youth Year _____ State _____ <input type="checkbox"/> Gang Affiliation <input type="checkbox"/> Transportation Issues <input type="checkbox"/> At Risk of Dropping out of School <input type="checkbox"/> HS Grad with Difficulty Completing an Educational Program <input type="checkbox"/> HS Grad with Difficulty Obtaining Employment <input type="checkbox"/> One or more parents are incarcerated	
Name of School Attending or Last Enrolled In	Last Grade Completed	School Drop Out Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Drop Out:			
High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Employment Difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficit Yes <input type="checkbox"/> No <input type="checkbox"/>	
Veterans			
Branch of Service _____ Service from _____ to _____	<input type="checkbox"/> Veteran Status: <=180 <input type="checkbox"/> Veteran Status: > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran	<input type="checkbox"/> Vietnam-era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled	
Veteran Spouse Information		Yes	No
Spouse of any person who died on active military duty or of a military service-connected disability			
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability			
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability			
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:			
Missing in Action			
Captured in the line of duty by a hostile force:			
Forcibly detained or interned in the line of duty by a foreign government or power			

<b>Labor Force Status</b> <input type="checkbox"/> <b>Employed</b> <input type="checkbox"/> <b>Unemployed</b>	<b>Does Applicant have any previous Work History?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Has Applicant Worked in a Subsidized Work Program?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Number of Weeks Not employed</b> _____	<b>UI Claimant</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Work History-For Last 2 years</b>		
<b>Dates Worked</b> (Month/Date/Year)  <i>to</i> <b>Address</b>	<b>Company</b>  <b>Supervisor</b>	<b>Job Title</b>  <b>Hours Worked Per Week</b>
<b>City, State, Zip Code</b>	<b>Phone Number</b>	<b>Wage/Salary</b>
<b>Reason for Leaving</b>	<b>Duties</b>	
<b>Dates Worked</b> (Month/Date/Year)  <i>to</i> <b>Address</b>	<b>Company</b>  <b>Supervisor</b>	<b>Job Title</b>  <b>Hours Worked Per Week</b>
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<b>Dates Worked</b> (Month/Date/Year)  <i>to</i> <b>Address</b>	<b>Company</b>  <b>Supervisor</b>	<b>Job Title</b>  <b>Hours Worked Per Week</b>
<b>City, State, Zip Code</b>	<b>Phone Number</b>	<b>Wage/Salary</b>
<b>Reason for Leaving</b>	<b>Duties</b>	
<b>List any Certifications, Special Skills or Areas of Interest</b>		

**Referred By**

<b>YOUTHBUILD Income Eligibility</b>				
<b>Earned Income</b>				
<b>Household Income</b> <i>List Family Members that are Working</i>	<b>How many weeks on Job?</b>	<b>Hourly Rate of Pay</b>	<b>Normal Hours Worked Per Week</b>	<b>Paid? Daily, Weekly, Bi- Weekly, Monthly</b>
1.				
2.				
3.				
4.				
<b>Total Income</b>	<b>***Add additional family members on back of this page</b>			

  

<b>Family Size (2019)</b>	<b>Allowable Income</b>
1	\$ 20,350
2	23,350
3	26,150
4	\$29,050
5	\$ 31,400
6	\$ 33,740
7	\$ 38,060
8	\$ 42,380

*FY 2019 Extremely Low Income Limits for Waterbury, Connecticut, HUD*

  

<b>Additional Sources of Financial Support</b>		
<b>Financial Support</b> <i>List Family Members</i>	<b>Type of Support (SSI, SSDI, etc.)</b>	<b>Amount/Timeframe</b>
1.		
2.		
3.		
4.		
<b>Total Additional Financial Support</b>	<b>**Add additional income on back of this page</b>	

  

<b>Migrant Worker</b>	<b>Yes</b>	<b>No</b>
Worked at least 25 days in agriculture or in a food processing plant during the past year?		
More than one-half of past year's income earned by working in agriculture		
Worked for more than one agricultural employer		
Able to return home everyday you worked in agriculture		
Full-time student who traveled with a group, other than family, to work in agriculture		

### Certification

**I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Criminal Justice History**

Please answer the following questions honestly.

- |   |         |                   |
|---|---------|-------------------|
| Have you ever been arrested?  | ___ yes | no                |
| Do you currently have a case pending?   | ___ yes | no                |
| Have you ever been convicted of a misdemeanor?  | ___ yes | no                |
| Have you ever been convicted of a felony?   | ___ yes | no                |
| Have you ever been in a juvenile detention facility?<br>If yes, what was the length of your incarceration?  | ___ yes | no<br>_____months |
| Have you ever been in an adult correctional facility?<br>If yes, what was the length of your incarceration? | ___ yes | no<br>_____months |
| Have you ever been on probation?  | ___ yes | no                |
| Have you ever been on parole?   | ___ yes | no                |
| Have you ever lost your voting rights?  | ___ yes | no                |

### **Substance Abuse History**

- |   |         |    |
|---|---------|----|
| Do you have a history of alcohol abuse?                         | ___ yes | no |
| If yes, are you currently undergoing substance abuse treatment? | ___ yes | no |
| Have you ever had substance abuse treatment?                    | ___ yes | no |

Are you currently using any of the following substances?

- |   |         |    |
|---|---------|----|
| Marijuana   | ___ yes | no |
| Cocaine   | ___ yes | no |
| Heroin  | ___ yes | no |
| Other illegal substances?                                       | ___ yes | no |
| If yes, are you currently undergoing substance abuse treatment? | ___ yes | no |
| Have you ever had substance abuse treatment?                    | ___ yes | no |

**ACKNOWLEDGEMENT OF UNDERSTANDING  
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL  
INFORMATION**

**In compliance with the Family Educational Rights and Privacy Act (FERPA) NRWIB Youth Build is responsible for the security and maintenance of customer records and educational records and for monitoring release of information related to those records. Youth Build programs operated by the Northwest Regional Workforce Investment Board and partner agencies and organizations listed below are responsible for the direct and indirect provision of services as set for in YOUTHBUILD. Staff from some or all of the agencies may need to access Applicant records and student records to ensure the highest quality delivery of services to the individual customer. The agencies that may be involved in the delivery of services to you, the customer, are:**

- |                                   |  |
|-----------------------------------|--|
| <b>NRWIB</b>                      | <b>Native American Program Grantee(s)</b>      |
| <b>GED/ABE Literacy</b>           | <b>Department of Vocational Rehabilitative</b> |
| <b>Programs HUD</b>               | <b>Services Court officials</b>                |
| <b>Department of Labor</b>        | <b>Employers (past, present,</b>               |
| <b>WIOA Title I Program Staff</b> | <b>future)</b>                                 |
| <b>Welfare-to-Work</b>            | <b>Juvenile Services</b>                       |
| <b>Unemployment Insurance</b>     | <b>Youth and Family Services</b>               |
| <b>Child Support Enforcement</b>  | <b>Habitat for Humanity</b>                    |
| <b>Child Welfare</b>              | <b>Department of Children and Family</b>       |
| <b>TAA and NAFTA</b>              | <b>Connecticut Social Security officials</b>   |
| <b>Job Corps</b>                  | <b>Alcohol/Drug Rehabilitation Agency</b>      |
| <b>Police Departments</b>         | <b>officials Shelter officials</b>             |
| <b>Selective Service</b>          | <b>Medical professional's</b>                  |
| <b>officials</b>                  | <b>Vocational Technical school</b>             |
| <b>Veterans Administration</b>    | <b>Others as deemed appropriate for each</b>   |
| <b>officials</b>                  | <b>Applicants needs</b>                        |
| <b>Police Activity League</b>     |  |

I agree that the NRWIB Youth Build may release any information furnished by me and requested by prospective employers, educational institutions or social service agencies.

**I also agree that the NRWIB Youth Build staff may obtain confidential information regarding services provided to me by other educational institutions or social service agencies.**

I further authorize the release of employment and income information by any employer to the Northwest Regional Workforce Investment Board

I understand services I may be provided are dependent upon continued funding and in the instance the NRWIB Youth Build should fail to receive funding for YOUTH BUILD programs all services and agreements will be null and void.

**I understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the NRWIB Youth Build office. I have read and understood the above information and will, under penalty of law, comply with all rules, regulations.**

_____	_____
<b>Signature of Applicant</b>	<b>Date</b>
_____	_____
<b>Signature of Parent or Guardian</b>	<b>Date</b>



