

STARK & TUSCARAWAS COUNTIES

Ohio  
MEANS  
Jobs.



# ARE YOU LOOKING FOR A SUMMER JOB?

Goodwill offers Youth Transition Services to provide school-aged youth the skills necessary to transition to the world of work.

**CONTACT US TODAY:**

330.488.5815

[missions@goodwillgoodskills.org](mailto:missions@goodwillgoodskills.org)

Mr. Johnson - Tusc Job Coach

330-437-7440

*TEXT or CALL*

Mr. Buxton - Tusc Job Coach

330-437-7433

[www.goodwillgoodskills.org](http://www.goodwillgoodskills.org)



Ohio Department of Job and Family Services  
**CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION**

**SEEKER ID**

|                                  |  |  |          |
|----------------------------------|--|--|----------|
| Applicant Name (First, MI, Last) |  |  |          |
| Mailing Address                  | City   | State  | Zip Code |
| Phone Number (###) ### - ####    | Alternate Phone Number (###) ### - ####        |  |          |
| Emergency Contact                | Contact Person's Phone Number (###) ### - #### |  |          |
| Applicant Email Address          | Date of Birth                                  | Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Prefer not to answer |          |

**Demographic & Education Information**

|  |   |
|--|---|
| <p><b>1. What is your ethnicity?</b><br/> <input type="checkbox"/> Latino <input type="checkbox"/> Not Latino <input type="checkbox"/> Prefer not to answer</p> <p><b>2. Citizenship: (check all that apply)</b><br/> <input type="checkbox"/> US Citizen<br/> <input type="checkbox"/> Registered Alien<br/> <input type="checkbox"/> Refugee<br/> <input type="checkbox"/> Other Legal Alien<br/> <input type="checkbox"/> Other _____</p> <p><b>3. What is your race? (check all that apply)</b><br/> <input type="checkbox"/> Black/African American <input type="checkbox"/> White<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> American Indian / Alaska Native<br/> <input type="checkbox"/> Hawaiian Islander / Other Pacific Islander<br/> <input type="checkbox"/> Other _____</p> <p><b>4. Are you legally restricted from using a computer?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:</b><br/> <ul style="list-style-type: none"> <li>• Local elected official (mayor or county commissioner);</li> <li>• Workforce Development Board member or subcommittee member;</li> <li>• WIOA executive, supervisor or employee;</li> <li>• OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or</li> <li>• County employee?</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If YES, provide name: _____</i> </p> | <p><b>6. What is your education level?</b><br/> <b>Highest grade completed: _____</b><br/> <input type="checkbox"/> Current high/junior high school student<br/> <input type="checkbox"/> Withdrew from high school, no HS diploma<br/> <input type="checkbox"/> Completed 12<sup>th</sup> grade, but no HS diploma<br/> <input type="checkbox"/> Obtained certificate of equivalency for high school diploma<br/> <input type="checkbox"/> High school graduate<br/> <input type="checkbox"/> Some post high school education, no degree<br/> <input type="checkbox"/> College degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters/Prof.</p> <p><b>7. Do you have work experience in Agriculture within the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8. What is your education status?</b><br/> <input type="checkbox"/> I am not a student<br/> <input type="checkbox"/> I am a student at a college or technical school<br/> <input type="checkbox"/> I am a student in a HS equivalency program<br/> <input type="checkbox"/> I am a high school student, at grade level<br/> <input type="checkbox"/> I am a high school student, behind grade level</p> <p><b>9. Have you served in the US Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If YES, what are your active duty dates:</i><br/>         _____ to _____</p> <p><b>10. Are you a Spouse of a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>11. Are you a Homeless Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>12. Do you hold a valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If YES, Type/Class:</i><br/> <input type="checkbox"/> Non-Commercial (D)<br/>         or<br/> <input type="checkbox"/> CDL: <input type="checkbox"/> A; <input type="checkbox"/> B; <input type="checkbox"/> C</p> |
|--|---|

**Part A. WIOA Information**

|   |  |
|---|--|
| <p><b>1. Are you interested in an Apprenticeship?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>2. Have you registered for Selective Service (for males 18 or older)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt<br/> <i>If YES, SSR #: _____</i></p> <p><b>3. Are you enrolled in ASPIRE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4. Have you received OWF for one or more years?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>11. Have you taken a recent math/reading assessment?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>12. Do you use recreational drugs or drink regularly?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>13. Are you a single parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>14. What is your native or primary language?</b> _____</p> <p><b>15. Do you think you have a cultural barrier that might hinder employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16. Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

|   |   |
|---|---|
| <p>5. Are you a public assistance recipient (cash/food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>17. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

**WIOA Income Eligibility (If needed)** - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending, school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older\*.

|   |  |
|---|--|
| Do you provide more than 50% of your own support?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you married or separated but not divorced?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have children who receive more than half of their support from you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> Yes <input type="checkbox"/> No |
| Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

| Household Members Average Monthly Income for the past (     ) months |     |              |                      |                        |
|--|-----|--------------|----------------------|------------------------|
| Name   | Age | Relationship | Hourly / Weekly Wage | Average Monthly Income |
|  |     | Self         |                      |                        |
|  |     |              |                      |                        |
|  |     |              |                      |                        |
|  |     |              |                      |                        |
|  |     |              |                      |                        |
|  |     |              |                      |                        |
|  |     |              |                      |                        |
| Total  |     |              |                      |                        |

**Part B. TANF Funding Eligibility** - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

| Household Members Monthly Income |              |                      |                |
|----------------------------------|--------------|----------------------|----------------|
| Name                             | Relationship | Hourly / Weekly Wage | Monthly Income |
|                                  | Self         |                      |                |
|                                  |              |                      |                |
|                                  |              |                      |                |
|                                  |              |                      |                |
|                                  |              |                      |                |
|                                  |              |                      |                |
| Total                            |              |                      |                |

5. Do you have a child under age 18 or 18 who is attending high school full-time? ☐ Yes ☐ No  
Number of children \_\_\_\_\_ Oldest child age \_\_\_\_\_
6. Are you one of the following (*check all that apply*): ☐ a minor child (including age 18 attending high school full-time); ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote? ☐ Yes ☐ No ☐ N/A (age 16 or under)

**Acknowledgement**

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

☐ I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

**Parent/Guardian Signature:**

|   |      |
|---|------|
| Parent/Guardian Signature ( <i>If applicant is under age 18**</i> ) | Date |
| Applicant Signature   | Date |