



WIOA YOUTH PROGRAM INTAKE APPLICATION & INDIVIDUAL SERVICE STRATEGY

This form allows WIOA Youth Program providers to gather eligibility information. One application will be accepted per person per site. Applicants should be advised that submission of an application does not guarantee eligibility or enrollment in the program, and that additional forms and information may be required to determine program eligibility. Youth should also be advised that *Gender, Race, Ethnicity, Language, Population Type, and Health Insurance Status* are collected for informational and program planning purposes only *and* will not impact their eligibility.

JULY 2020

WIOA Youth Program Intake Application

Instructions for Completion

This form includes questions to help establish youth eligibility for WIOA Train & Earn and Learn & Earn youth programs, and conduct the required Objective Assessment and Individual Service Strategy (ISS). The entire form must be completed prior to enrollment in a Train & Earn or Learn & Earn program. Youth should not be expected to complete this application on their own. Providers should use it as a guide for collecting necessary eligibility information.

All required proofs of eligibility (documentation) are to be submitted by the Applicant at the time of application for review and approval. If the eligibility documentation is incomplete, the WIOA Youth Program Application cannot be processed. At this time, due to COVID-19, many eligibility items may be attested to by youth, using the COVID-19 WIOA Self-Attestation Form and Basic Skills Deficiency Self-Assessment. In cases where those documents are used, please check the appropriate box in the applicable sections of this document. **Applicants' sensitive personal information should NEVER be emailed or texted to providers or DYCD.**

WIOA Intake and Eligibility (Part One)

WIOA Intake and Eligibility (Part One)			
Basic Information		Intake Date: ____/____/____ Intake Officer Use Only	
Last Name: (From SS Card)		First Name: (From SS Card)	
Preferred Name: (Name you prefer)			
Date of Birth:		Applicant's Gender	Female Male <input type="checkbox"/> X
Last 4 digits of your Social Security Number		Is the Applicant receiving Unemployment Insurance? <input type="checkbox"/> Claimant Not Referred by *WPRS <input type="checkbox"/> Claimant Referred by *WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither Claimant or Exhaustee <small>*Worker Profiling and Reemployment Services</small>	
Applicant with Disabilities: An individual with a disability means an individual with any disability (as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102))			
Is the Applicant Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Race (Select all that Apply Below): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander White No Response		Applicant's Ethnicity (Select One Below): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> No Response	
Does the Applicant have health insurance (Select One)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		<input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health plus <input type="checkbox"/> Family Health plus <input type="checkbox"/> Private medical insurance	
If you do not have health insurance, do you want to be contacted by someone with information about signing up for health insurance? (Select One) <input type="checkbox"/> Yes <input type="checkbox"/> No		If you would like to be contacted about signing up for insurance, what is your preferred method of contact? (Select One): <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> US Mail	

What is the Applicant's Incoming Referral Source? (Select One):

- ☐ 311 ☐ ACS/Foster Care ☐ Friend/Relative ☐ Beacon Program ☐ Counselor ☐ Court/Probation Officer ☐ Crisis Shelter
☐ DHS Shelter ☐ Dept Juvenile Justice ☐ Drop-In Center ☐ DYCD Website ☐ Advance & Earn ☐ ACCESS-VR ☐ YALP
☐ School Staff ☐ Fire Department ☐ SYEP ☐ Social Media ☐ Program Alumni ☐ Flyer ☐ Work of Mouth
☐ Library ☐ Other (Please Specify): _____

Applicant Contact Information

Applicant's Email address is mandatory. Please ensure the Email address used is readily accessible and professional.

Preferred Method of Contact:

- ☐ Primary Phone ☐ Email ☐ US Mail ☐ Cell Phone

Primary
Phone:

Email:

Cellphone:

Alternate
Phone

Primary Address:

Apt. Number

City

State

ZIP

Is this your Primary Address ☐ Yes ☐ No

If no, please explain and give alternate address as well

Residence Type (Select One):

- ☐ Own ☐ Rent ☐ Staying with Family or Friends ☐ Shelter/Homeless
☐ Foster Home or Residence ☐ Runaway (under age 18 only)

Secondary Address:

Apt. Number

City

State

ZIP

Residence Type (Select One):

- ☐ Own ☐ Rent ☐ Staying with Family or Friends ☐ Shelter/Homeless
☐ Foster Home or Residence ☐ Runaway (under age 18 only)

Emergency Contact Information		Applicant's are required to have at least (1) one Emergency Contact. This can be a Family member, Friend, Social Worker, or an authorized WIOA Provider Staff.	
Emergency Contact Last Name:		Emergency Contact First Name:	
Relationship to Applicant:			
Emergency Contact Phone Number:		Emergency Contact Email:	
Emergency Contact Street Address:			
City	State	ZIP	
Desired Method of contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		
Emergency Contact Notice	The emergency contact does not have to live with the applicant or reside in New York City.		

Educational Assessment					
Name of Most Recent School Attended:				School Type (Select One): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
School/Institution Address:					
Start Date: ____/____/____		Reason for Leaving:			
Last Date of attendance: ____/____/____					
City:		State:		Zip Code:	
Last Grade Completed:		Completed WIOA Attestation Form			
Student Type (Select One):					
<input type="checkbox"/> Attending School Full-time/Part-time <input type="checkbox"/> Attending School Alternative School <input type="checkbox"/> Not Attending School/Dropout <input type="checkbox"/> *Not Attending School but not a Dropout *Not Attending School but not a Dropout: An applicant, who has missed the most recent calendar quarter of the school year without officially withdrawing from school. Proof from the educational institution is required.					
Does the applicant have a high school diploma, equivalency, or other high school credential?					
<input type="checkbox"/> Regents or Advanced Regents Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> IEP Diploma <input type="checkbox"/> Skills and Achievement Commencement Credential <input type="checkbox"/> High School Equivalency <input type="checkbox"/> Career Development and Occupational (CDOS) Commencement Credential			<input type="checkbox"/> High School with Vocational Degree <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Attained a post-secondary certification, license, or educational certificate (non-degree) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree		
Tell us the applicant's short-term educational goals:					
Tell us the applicant's long-term educational goals:					
Check subject(s) in which the applicant requires assistance: <input type="checkbox"/> reading? <input type="checkbox"/> writing? <input type="checkbox"/> math? <input type="checkbox"/> Other:					

Selective Service Registration

Selective Service Information: All persons born a male in any Country, who have reached their 18th Birthday, seeking WIOA funded services must register for US Selective Service. Failure to register will impact eligibility before and during program.

Is the applicant registered for US Selective Service?
☐ Yes ☐ No

If yes, please notate their registration number:
Selective Service Registration Number:

____-____-____-____

Does the applicant understand that US Selective Service Registration is a requirement? All persons born a male must be enrolled to continue services at the point where they reach the age of 18?

☐ Yes ☐ No

Is the Applicant a Veteran? ☐ Yes ☐ No

Did the Applicant serve on active duty in the U.S Military/ROTC, ground, naval, or air service during a war?

Other Eligibility ☐ Yes ☐ No

Transitioning Service Member ☐ Yes ☐ No

If yes, please complete the Veterans Data Capture Form.

WIOA Economic Assessment (Income & Barriers)

Completed WIOA Attestation Form

Has the Applicant, Family, or their household had Income in the Last 6 months? Please check all sources that apply

<input type="checkbox"/> Employment Wages	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Survivors Benefits	<input type="checkbox"/> Child Support	<input type="checkbox"/> Cash Assistance
<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Schedule C	<input type="checkbox"/> Military Allowance	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Safety Net/Home Relief	<input type="checkbox"/> Retirement Income from Social Security	<input type="checkbox"/> Business Financial Records	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/> Foster Care Payments	<input type="checkbox"/> Pension	<input type="checkbox"/> SSDI	<input type="checkbox"/> Other

WIOA Employment Assessment

Applicant's Current Work Status (Select Below):
Employment status is required for all Applicants

How long has the applicant been unemployed? (Select Below):

☐ Employed
☐ Not Employed
☐ Employed but received notice of termination

☐ Out of Work less than 26 weeks
☐ Out of Work between 26 and 52 weeks
☐ Out of Work greater than 52 weeks

Work History

Most Recent Employer:		Job Title:	
Start Date:		End Date:	
Employer Address:			
Phone:		Email:	
Reason for Leaving:			
Annual Gross Income Amount:		Last Rate of Pay:	

WIOA Applicant Family Size & Income		Completed WIOA Attestation Form		
With whom does the Applicant reside? <i>Please use the letter grid to define the relationship with the Applicant. Indicate anyone who had income within the last 6 months.</i>				
Name	Age	Relationship		Income in the last 6 months?
		P – Parents	G – Guardian	
		SP – Spouse	F – Friends	
		S – Sibling	C – Children	
		O – Other		
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Intake Officer Use Only		What is the WIOA Family Size? _____		Is income <input type="checkbox"/> Includable or <input type="checkbox"/> Excludable
WIOA Income Calculations. Intake Officer Use Only		WIOA-Specific Income. Intake Officer Use Only		
Total Household Income in the last 12 months: Gross: _____ (X) Freq _____ = _____ (/) 2 = _____		<input type="checkbox"/> Letters of Support	<input type="checkbox"/> High Poverty Census Tract	
		<input type="checkbox"/> Homeless	<input type="checkbox"/> Offender	
		<input type="checkbox"/> Runaway	<input type="checkbox"/> Disabled	
		<input type="checkbox"/> Foster Care/Aged Out of Foster Care	<input type="checkbox"/> Pregnant	
		<input type="checkbox"/> Drop Out	<input type="checkbox"/> Not attending School but not, a Dropout	
		<input type="checkbox"/> Youth Parent	<input type="checkbox"/> Applicant Statement	
WIOA Barriers to Education and/or Employment				
Is the Applicant an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the primary language?				
If English is not the participant's native language, is assistance required in any of the follow areas below:		How well does the participant speak English (Select One Below)?		
<input type="checkbox"/> Needs assistance writing English <input type="checkbox"/> Needs assistance speaking English <input type="checkbox"/> Needs assistance reading in English		<input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Moderate <input type="checkbox"/> Poor		

WIOA Barriers to Further Education and/or Employment: Individuals with a barrier to employment or education. The term “individual with a barrier to employment or education” means a member of 1 or more of the following populations. Does the Applicant have a barrier in any of the following? **(Check all that apply)**

Intake Officer: All barriers must be verified through documentation.

Completed WIOA Attestation Form

Homeless	<input type="checkbox"/> YES <input type="checkbox"/> NO	Aged out of Foster Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Youth Parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Court Involved/Offender?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	English Language Learner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Foster Care Participant?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Runaway (under 18)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dropout?	<input type="checkbox"/> YES <input type="checkbox"/> NO	*Not Attending School but Not a Dropout?	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Not Attending School but not a Dropout:** An applicant, who has missed the most recent calendar quarter of the school year without officially withdrawing from school. Proof from the educational institution is required.

Is the applicant disabled? ☐ YES ☐ NO

If the applicant is disabled and/or have or have had an IEP, does the applicant require reasonable accommodations, such as extended testing time, auxiliary aids, etc.? ☐ YES ☐ NO (If YES, List accommodations below)

If the applicant is disabled, is the applicant currently receiving ACCES-VR services? ☐ YES ☐ NO

If no, is the applicant interested in receiving ACCES-VR Services? ☐ YES ☐ NO

Additional Services & Referrals

Does the applicant need help with transportation to and from the program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant require child care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant have enough food to eat every day?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant require medical assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant need clothing and/or toiletries?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the applicant interested in Legal Assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant have stable housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant require any social service referrals?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Indicate which referrals are required:	<input type="checkbox"/> Health/Mental Health Services <input type="checkbox"/> Immigrant Services <input type="checkbox"/> Legal Services
	<input type="checkbox"/> Housing <input type="checkbox"/> Health Insurance <input type="checkbox"/> Public Assistance
	<input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> Other

Numeracy & Literacy (Intake Officer Only)		Completed WIOA Basic Skills Screening Tool	
Is the Applicant Basic Skills Deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Test Date of Reading TABE:		Test Date of Math TABE:	
Score:		Score:	
Grade Level:		Grade Level:	
EFL:		EFL:	
Indicate Educational Functioning Level:			
Financial Literacy			
Has the applicant ever had a bank account or currently has one?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the applicant know how to use a debit card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant Occupational Skills			
<i>What occupational specific skills does the applicant possess (select all that apply):</i>			
<input type="checkbox"/> Maintenance/Janitorial Skills	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Greeting Customers	<input type="checkbox"/> Creating Spreadsheets
<input type="checkbox"/> Stocking Inventory	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Cashier	<input type="checkbox"/> Food Service
<input type="checkbox"/> Microsoft Office and or Other Office Systems	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Sales	<input type="checkbox"/> Taking Orders
<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Child Care	<input type="checkbox"/> Handling Money	<input type="checkbox"/> Construction
<input type="checkbox"/> Medical Industry	<input type="checkbox"/> Clerical	<input type="checkbox"/> Other (Specify):	
Describe your short-term career goals:			
Describe your long-term career goals:			
Applicant Work-Related Soft Skills			
What are the applicant's work-related skills? (select all that apply)			
<input type="checkbox"/> Meeting deadlines	<input type="checkbox"/> Independent problem solving	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Self-starter
<input type="checkbox"/> Being a Team Player	<input type="checkbox"/> Effective Communicator	<input type="checkbox"/> Creative/Artistic	<input type="checkbox"/> Leadership Skills
<input type="checkbox"/> Write a resume	<input type="checkbox"/> Write a cover letter	<input type="checkbox"/> Write a thank you letter after an interview	<input type="checkbox"/> How to dress for an interview
<input type="checkbox"/> Other:			

The questions contained within this survey around Gender, Race, Ethnicity, language, and Sexual orientation are voluntary and anonymous. All responses are confidential. They are the results of LOCAL LAW 126-128 passed in efforts to help New York City improve its services to residents. Your responses will only be used for this purpose. Your answers will not affect your application in any way. Please, skip questions you do not feel comfortable answering.

Applicants are under no obligation to answer these questions.

Applicant 's Gender on Birth Certificate (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male	Applicant 's Gender: (Select One): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X (not male or female) <input type="checkbox"/> Not Sure	Applicant 's Gender Pronoun (Select One): <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Another Pronoun: _____ <input type="checkbox"/> Decline to Answer
Is the applicant Intersex? (Select One):	<input type="checkbox"/> Yes, Sex unclear at birth <input type="checkbox"/> Yes, Diagnosed with intersex condition <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Applicant 's Sexual Orientation:	<input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not Sure <input type="checkbox"/> Another Sexual Orientation: _____ <input type="checkbox"/> Decline to Answer	
Applicant 's Gender Identity (Select All that Apply):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Cisgender <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary (not Female or Male) <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Two Spirit (Native American/First Nations) <input type="checkbox"/> Another Gender: _____ <input type="checkbox"/> Not Sure <input type="checkbox"/> Do not understand the question <input type="checkbox"/> Decline to Answer	

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Applicants are under no obligation to answer these questions.

Applicant 's Primary Language Spoken (Specify Below)			Other Languages Spoken by Applicant (Select all that Apply)		
<input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali	<input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu	<input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali	<input type="checkbox"/> Hungarian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu
<input type="checkbox"/> Chinese* <input type="checkbox"/> French <input type="checkbox"/> Fulani <input type="checkbox"/> German	<input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande <input type="checkbox"/> Punjabi <input type="checkbox"/> Persian	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Chinese* <input type="checkbox"/> French <input type="checkbox"/> Fulani <input type="checkbox"/> German	<input type="checkbox"/> Kru, Ibo, or Yoruba <input type="checkbox"/> Mande <input type="checkbox"/> Punjabi <input type="checkbox"/> Persian	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other: _____
<input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi	<input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian	*Including Cantonese and Mandarin	<input type="checkbox"/> Gujarati <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi	<input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian	*Including Cantonese and Mandarin

WIOA Individual Service Strategy (Part Two)

The service strategy is an agreed upon plan of action between the Program and the Applicant. This plan must be unique to the Applicants Education and Career related goals and aligned with the program's resources and services.

The Service strategy is a guide that allows the program to map out the steps required for success.

(This section must be discussed in full and completed by the two parties mentioned above.)

Educational Strategy

Immediate Steps/Short-Term Activities:

Long-Term Activities and Goals:

Work Readiness Strategy

Immediate Steps/Short-Term Activities:

Long-Term Activities and Goals:

College / Post-Secondary Readiness

Immediate Steps/Short-Term Activities:

Long-Term Activities and Goals:

Youth Development Services Strategy

Immediate Steps/Short-Term Activities:

Long-Term Activities and Goals:

Supportive Services Strategy

Immediate Steps/Short-Term Activities:

Long-Term Activities and Goals:

This section must be completed by the Applicant and the Intake Officer.

Applicant Assessment and Individual Service Strategy Summary

Please review the Youth Program Elements below and indicate which services are recommended based on the ISS and applicant assessment. This is a living document and must be revisited as the needs and services of the applicant changes.

I have been given information about each of the fourteen (14) elements listed below and am aware of how to obtain these services and/or participate in these activities. The boxes checked indicate which program elements I will participate in. If new program elements are added to my service strategy, the box will be checked, and the date added at that time. If I do not want to participate in one or more of the services offered to me, it will be indicated in my case notes.

☐ **Basic Skill Instruction (Check all that apply)**

☐ Alternative secondary school services

Anticipated
Start Date

Actual Start
Date

☐ Dropout recovery services

Anticipated
Start Date

Actual Start
Date

☐ **HSE/Preparation (GED/HSE)** ☐ **N/A**

Name of activity:

Anticipated
Start Date

Actual Start
Date

☐ **Alternative HS Offerings (Check all that apply)** ☐ **N/A**

☐ English as a Second Language Training

Anticipated
Start Date

Actual Start
Date

☐ Vocational/Trade School

Anticipated
Start Date

Actual Start
Date

☐ YABC

Anticipated
Start Date

Actual Start
Date

☐ **Work Experiences/Internship (Check all that apply)** ☐ **N/A**

☐ Paid Internship

Anticipated
Start Date

Actual Start
Date

☐ Unpaid Internship

Anticipated
Start Date

Actual Start
Date

☐ **Occupational skills training (Check all that apply)** ☐ **N/A**

☐ **Provider Specific (Explain here):**

Anticipated
Start Date

Actual Start
Date

☐ **CUNY Advanced Training (T & E Option 1 Only)**

Anticipated
Start Date

Actual Start
Date

Applicant Assessment and Individual Service Strategy Summary (continued)

Please review the Youth Program Elements below and indicate which services are recommended based on the ISS and applicant assessment. This is a living document and must be revisited as the needs and services of the applicant changes.

☐ **Work Readiness Skills (Check all that apply)**

<input type="checkbox"/> Career Fair	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Work Readiness Instruction	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Work Readiness Workshop	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Guest Speaker	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Workplace Visit	Anticipated Start Date		Actual Start Date	

☐ **Leadership development and citizenship activities (Check all that apply)**

<input type="checkbox"/> Service Learning Project	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Team Building	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Mentoring Younger Youth	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Youth Council	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Community Garden	Anticipated Start Date		Actual Start Date	

☐ **Supportive services (Check all that apply)** ☐ N/A

<input type="checkbox"/> Health Referral	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Legal Referral	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Referral to Social Service Partner	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Mental Health Referral	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> immigration Referral	Anticipated Start Date		Actual Start Date	

☐ **Mentoring**

<input type="checkbox"/> Receiving Adult Mentoring	Anticipated Start Date		Actual Start Date	
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Applicant Assessment and Individual Service Strategy Summary (continued)				
Please review the Youth Program Elements below and indicate which services are recommended based on the ISS and applicant assessment. This is a living document and must be revisited as the needs and services of the applicant changes.				
<input type="checkbox"/> Follow-Up Services		Follow-up services are available to all participants enrolled in WIOA programs for a minimum of 12 months after Exit (Program Completion). Follow-up Services Include: Supportive Service, Leadership Development, Adult Mentoring, Career Exploration & Development, Monitoring Educational & Employment Progress, & Information regarding educational opportunities. (Check all that apply)		
<input type="checkbox"/> Supportive Service	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Leadership Development	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Adult Mentoring	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Career Exploration & Development	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Information regarding educational Opportunities	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Comprehensive Guidance and Counseling				
<input type="checkbox"/> Guidance & Counseling	Start Date: (Enrollment Date)			
<input type="checkbox"/> Financial Literacy Education				
<input type="checkbox"/> Financial Literacy (FL)	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Entrepreneurial Skills training <input type="checkbox"/> N/A				
<input type="checkbox"/> Entrepreneurial skills training	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Labor market information, including career awareness and exploring (Check all that apply) <input type="checkbox"/> N/A				
<input type="checkbox"/> Career Awareness	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Career Counseling	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Career Fair (LMI)	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Workplace Guest Speaker	Anticipated Start Date		Actual Start Date	

Applicant Assessment and Individual Service Strategy Summary (continued)

Please review the Youth Program Elements below and indicate which services are recommended based on the ISS and applicant assessment. This is a living document and must be revisited as the needs and services of the applicant changes.

<input type="checkbox"/> College Readiness Skills (Check all that apply)				
<input type="checkbox"/> College Acceptance Assistance	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> College Fair	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> College Guest Speaker	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> College Visit	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> College Workshop	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> FASFA Workshop	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Tutoring/Study Skills (Check all that apply)				
<input type="checkbox"/> Regents Prep	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> SAT Prep	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Test prep	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Tutoring	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Summer Employment (Summer Internship Program – SIP) <input type="checkbox"/> N/A				
<input type="checkbox"/> WIOA Summer Internship Program	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Contextualized Education and Training <input type="checkbox"/> N/A				
<input type="checkbox"/> Contextualized Education and Training	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Drop Prevention (Drop-out Prevention) <input type="checkbox"/> N/A				
<input type="checkbox"/> Drop-out Prevention	Anticipated Start Date		Actual Start Date	

Applicant Assessment and Individual Service Strategy Summary (continued)

Please review the Youth Program Elements below and indicate which services are recommended based on the ISS and applicant assessment. This is a living document and must be revisited as the needs and services of the applicant changes.

☐ Life Skills *(Check all that apply)*

<input type="checkbox"/> Arts and Culture	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Cooking	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Healthy Living	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Healthy Relationships	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Public Speaking	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Recreational Activity	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Stress Management	Anticipated Start Date		Actual Start Date	
<input type="checkbox"/> Time Management	Anticipated Start Date		Actual Start Date	

I _____ (applicant name) hereby understand and acknowledge that as a participant in the WIOA Youth Program I am applying to, it is my responsibility to comply with all laws and regulations stipulated, adopted and required by the NYC Department of Youth and Community Development and _____ (provider name). By signing below, I acknowledge that I have read and have been fully informed of my rights as a WIOA participant. I understand that follow-up services are available to me for a minimum of 12 months after Exit (Program Completion). I understand that my participation may be terminated if I should be in violation of any of the items listed below:

- Following Program Rules
- Completing all program requirements and assigned tasks
- Attending workshops and classes regularly
- Dressing and behaving appropriately throughout my participation in the program
- Completing required program hours and classes in order to obtain a Summer Internship and Incentives (if applicable)
- Staying in contact with program staff members for at least a year after program completion

_____ Intake Officer Name	_____ Intake Officer Signature	_____ Date
_____ Site Director Name	_____ Site Director Signature	_____ Date
_____ Applicant Name	_____ Applicant Signature	_____ Date
_____ *Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date

Parent and Guardian Signatures are required for All Learn and Earn Participants under the Age of 18.

First Date of WIOA Funded Services: Intake Officer Only	
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