

Check One:

Summer Only

Year Round

Capital Region Youth Program Application ■ Ages 14 – 24

Stimulus

Formula

STAFF USE ONLY

This information is necessary to determine your eligibility for the **Capital Region Youth Programs** under the Workforce Investment Act (WIA).

ALL QUESTIONS MUST BE COMPLETELY ANSWERED OR YOUR APPLICATION WILL NOT BE CONSIDERED.

SOCIAL SECURITY NUMBER					DATE OF BIRTH			AGE
					Month	Day	Birth Year	

Section I - PERSONAL INFORMATION

Last Name		Select Place of Residence <input type="checkbox"/> City of Richmond <input type="checkbox"/> Charles City <input type="checkbox"/> Chesterfield <input type="checkbox"/> Goochland <input type="checkbox"/> Hanover <input type="checkbox"/> Henrico <input type="checkbox"/> New Kent <input type="checkbox"/> Powhatan <input type="checkbox"/> Other _____	
First Name	MI		
Street			
City	State VA Zip		

Home Telephone # (804)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CITIZENSHIP STATUS <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen with Right to Work in US <input type="checkbox"/> Non-Citizen
Second Telephone Contact # (804)		
E-Mail Address:		

SECTION 2 - CHARACTERISTICS

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian Native or Other Pacific Islander
- Hispanic or Latino
- White
- Other

SECTION 3 - SELECTIVE SERVICE STATUS

- Female-Exempt from Registration
- Male under age 18-Exempt from Registration
- Registered** Male 18 years of age or older
- Not Registered** Male 18 years of age or older

SECTION 4 – EDUCATIONAL INFORMATION

SECTION 4.A – In-School Youth Section

Are you currently attending Middle School or High School (If no, skip to Out of School Youth Section 4B)

If yes, Current Grade: 7th 8th 9th 10th 11th 12th
 Unknown

Current School Name: _____

Current Grade Point Average: _____

Have you taken and passed the SOLs? YES NO N/A

Are you behind a grade level? YES NO
 If yes, how far: 1yr 2yrs 3years

Which High School Diploma Are you Pursuing? (check type below)

- Standard
- Modified Standard
- Special
- Advanced Studies
- General Equivalency Degree (GED)
- Certificate of Completion

If Currently enrolled in a technical education program, what certification are you pursuing? _____

Upon graduation, what are your plans? 2-Year College
 4-Year College Vocational/Technical Trade School
 Apprenticeship Work Unknown

SECTION 4.B – Out of School Youth Section

Have you received a:
 High School Diploma GED Certificate of Completion Neither

Are you Attending:
 Vocational/Technical School
 Proprietary School
 Community College (2 year)
 College (4 year)
 GED Program Middle College

Name of the School: _____

Field of Study: _____

Number of Years Completed : _____

Length of Program: 1 yr 2 yr 3yr 4yr 5yr

If you Dropped Out of School and do not have a GED, Please indicate the highest grade completed:
 6th 7th 8th 9th 10th 11th

Last School attended: _____
 Jurisdiction: _____
 Last year attended: _____

Have you taken the GED test before? YES NO DATE: _____

Are you working? YES NO

What are your plans? Check all that apply: Pursue A GED
 Pursue Job Training Participate in an Apprenticeship
 Attend a Vocational/Technical School Attend A 2 yr College
 Attend a 4 yr College Unknown at this time

SECTION 5 - FAMILY AND SUPPORT SERVICES INFORMATION

Are you a Foster Care Youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you in a household that receives Food Stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you in a household that receives TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If no, last day worked ___/___/___
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Total Wages Earned in the past 6 Months \$ Total Number of Weeks Employed in past 6 months: weeks

Do You Have a Disability? YES NO (If yes, please attach any special accommodations you may need in the workplace or during training). **Do You Have or Did you Ever Have an IEP?** YES NO

Are you pregnant or a parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you/your family homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have limited understanding of the English language and need English as a second language? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you a run away? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been in placement or convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have or have you ever had a problem with substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you a PELL Grant Recipient?
 YES, amount awarded? \$ _____ NO, applied but denied No, Application Pending No, have not applied

SECTION 5.A - FAMILY SIZE AND FAMILY INCOME INFORMATION

Definition of Family: Related by blood marriage or decree of the court. This includes parent(s) guardian(s) and dependent children only

FAMILY SIZE (number of persons living in your household including yourself) :
 Annual Income For All Family Members Must be Documented and Verified **Annualized Family Income** \$

Family Member's Name	Relationship to You	Age	Annual Gross Wages/Salary

SECTION 5.B - SUPPORT SERVICES

What Transportation do you have available to participate in the program(s) you have selected ?

<input type="checkbox"/> Have a car and will drive <input type="checkbox"/> Must rely on parent/guardian transportation <input type="checkbox"/> Will use public transportation	<input type="checkbox"/> Must rely on friends for transportation <input type="checkbox"/> Have access to a bicycle <input type="checkbox"/> No transportation
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SECTION 6 – CAREER INTEREST

What Career/Industry Are You Most Interested In? (Select No More Than 2)

<input type="checkbox"/> Construction/Skilled Trades <input type="checkbox"/> Hospitality/Tourism/Leisure Services <input type="checkbox"/> Law/Public Safety/Security <input type="checkbox"/> Warehousing/Transportation/Logistics	<input type="checkbox"/> Medical/Healthcare/Biotechnology <input type="checkbox"/> Restaurant/Food Service <input type="checkbox"/> Chemistry/Physics/Other Physical Sciences	<input type="checkbox"/> Computer Sciences/Information Technology <input type="checkbox"/> Manufacturing/Processing/Utilities <input type="checkbox"/> Retail Sales/Management <input type="checkbox"/> Other _____
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SECTION 9 – PERSONAL STATEMENT

Please hand write in narrative form, how the career area you selected above will help you in preparing for additional education, training and/or entering the workforce:

SECTION 12 – APPLICANT CERTIFICATION STATEMENT

I certify that the information provided in this application is true to the best of my knowledge.

I am also aware that the information I have provided is subject to review and verification and that I may be asked to provide documents to support this application. Any additional information, including family income, family size and school records, will be requested and must be provided at the time of my eligibility determination appointment.

I authorize the release of personal, financial and/or academic information to the Capital Region by organizations including but not limited to employers, youth serving organizations, and government agencies including the Department of Social Services, for the purpose of determining income and programmatic eligibility to the Capital Region to its agents and partners in the course of attempting to provide services to me.

Signature of Applicant: _____

Date: ____/____/____

IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT/GUARDIAN MUST SIGN

As a parent/guardian, I hereby grant permission for the above named youth to participate in the Youth Program and any related activities. I also grant permission for the collection and release of information as specified above. I also understand that I must be available to attend the eligibility determination appointment with my youth to complete the eligibility. Failure to do so will mean my child cannot participate.

Signature of Parent/Guardian: _____

Date: ____/____/____

EQUAL OPPORTUNITY RIGHTS

The Capital Region Workforce Partnership and its affiliates and service providers do not discriminate on the basis of race, color, religion, sex, national origin, age, disability political affiliation or belief as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972; and the Age Discrimination Act.

Eligibility Checklist

ELIGIBILITY ITEM	ATTACH VERIFICATION DOCUMENTATION (One verification document per eligibility item is required)										
<p>(1) Social Security Number</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											<input type="checkbox"/> DD214 <input type="checkbox"/> Drivers license (If SSN is shown) <input type="checkbox"/> Employment Records <input type="checkbox"/> IRS Form 1722 <input type="checkbox"/> Letter from Social Services Agency <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Social Security card/Notice of SS Assignment) <input type="checkbox"/> School record <input type="checkbox"/> UI Records (If Name and SSN is shown) <input type="checkbox"/> W-2 Form <input type="checkbox"/> Other (specify) _____
<p>(2) Selective Service Status</p> <p>If male and 18 years or older and born on or after January 1, 1960 registered for Selective Service</p>	<input type="checkbox"/> Form DD214 <input type="checkbox"/> Internet verification/Registration (http://www.sss.gov) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Report of Transfer or Discharge <input type="checkbox"/> Selective Service Advisory Opinion Letter <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Other (specify) _____										

ELIGIBILITY ITEM		ATTACH VERIFICATION DOCUMENTATION (One verification document per eligibility item is required)
(3) Citizenship/Right to Work U.S. Citizen or registered alien		<input type="checkbox"/> Alien Registration Card Indicating Right to Work <input type="checkbox"/> Baptismal certificate (If Place of Birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD214 (If Place of Birth is shown) <input type="checkbox"/> Foreign Passport Stamped Eligible to Work <input type="checkbox"/> Hospital Record of Birth (If Place of Birth is shown) <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> U S Passport <input type="checkbox"/> Other (specify) _____
(4) Age Is between the ages of 14 and 24 years		<input type="checkbox"/> Birth certificate <input type="checkbox"/> School records <input type="checkbox"/> Driver's license <input type="checkbox"/> VA Identification card <input type="checkbox"/> Other (specify) _____
(5) Residency Is a resident of : <input type="checkbox"/> City of Richmond <input type="checkbox"/> Charles City <input type="checkbox"/> Chesterfield <input type="checkbox"/> Goochland <input type="checkbox"/> Hanover <input type="checkbox"/> Henrico <input type="checkbox"/> New Kent <input type="checkbox"/> Powhatan <input type="checkbox"/> Other _____		<input type="checkbox"/> Driver's license <input type="checkbox"/> VA Identification card <input type="checkbox"/> School records <input type="checkbox"/> Postmarked mail addressed to applicant <input type="checkbox"/> Foster Care Custody Record <input type="checkbox"/> Other (specify) _____
(6) Economic Eligibility Youth is Economically Disadvantaged		<input type="checkbox"/> Cash welfare <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> General Relief <input type="checkbox"/> Food stamp <input type="checkbox"/> Foster care <input type="checkbox"/> Below poverty guidelines (Based on family size and income)
STAFF USE ONLY	Barriers Youth is an individual who is one or more of the following: <input type="checkbox"/> Deficient in basic literacy skill <input type="checkbox"/> A school dropout <input type="checkbox"/> Homeless, runaway or foster child <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> An offender <input type="checkbox"/> Is an individual who requires additional assistance to complete an educational program, or to secure and hold employment. (See Regional Policy Definition)	<input type="checkbox"/> Test results <input type="checkbox"/> School records <input type="checkbox"/> Social service verification <input type="checkbox"/> Birth certificate <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Court record <input type="checkbox"/> Other (specify) _____ Notes:

Return your completed application and required documentation to one of the Youth Offices listed below:

<p style="text-align: center;">Ashlin Management Group ATTN: 2009 Youth Program 5410 Williamsburg Road Sandston, VA 23150 Phone: 804-226-1941</p> <p style="text-align: center;">Or</p> <p style="text-align: center;">7333 Whitepine Road Richmond, VA 23237 Phone: 804-271-8510 Hours: 8:00 a.m. – 4:30 p.m.</p>	<p style="text-align: center;">William Byrd Community House ATTN: 2009 Youth Program 224 S. Cherry Street Richmond, VA 23220</p> <p style="text-align: center;">Phone: 804-643-2717 Hours: 8:00 a.m. – 6:00 p.m.</p>
STAFF USE ONLY	Documentation and Data Collected by: _____ Date: _____