



REGIONAL APPLICATION/ASSESSMENT

I. GENERAL INFORMATION

1. Today's Date: _____

2. Social Security Number: _____ 3. Do you live in the city limits of Duluth? Yes No

4. Last Name: _____ 5. First Name: _____ 6. M.I.: _____

7. Current Address: _____

8. City: _____ 9. State: _____ 10. Zip Code: _____ 11. County: _____

12. Primary Phone Number: _____ 13. Secondary Phone: _____

14. Fax Number: _____ 15. Email Address: _____

16. How did you hear about the Arrowhead Economic Opportunity Agency? (Check those that apply)
 Newspaper Word of Mouth County Internet College Other: _____

17. Birth date: _____

18. Your Age today is: _____

19. What is your Gender? Female Male

20. What is your Race? (Check all that apply)
 American Indian/Alaskan Native
 Asian
 Black/ African American
 Hawaiian Native/Other Pacific Islander
 White

21. Do you consider yourself Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race? Yes No

22. Do you have a Disability?
 No, I am not Disabled
 Yes, and my Disability is a Barrier to Employment
 If "Yes", is your Disability:
 Both Physical & Mental Impairments
 Mental Impairments
 Physical Impairments
 Not a barrier to Employment

23. List primary language, if other than English: _____

24. What is your Citizenship Status?
 U.S. Citizen
 Non-Citizen
 Non-Citizen with Right to Work
(Must provide a copy of Alien Registration Card)

25. Are you registered with Selective Services?
 Yes No Does not apply
 Selective Service Number: _____

26. Are you a Veteran? Yes No
ALL Veterans must provide a copy of DD214

27. Separated from the military within the last 12 months?
 Yes No
 Active Duty Start Date: _____ End Date: _____
 Active Duty Start Date: _____ End Date: _____

28. What is your Veteran Type? Military Spouse
 Campaign Badge Eligible Other Eligible
 Vietnam Veteran Not Applicable

29. Are you a Disabled Veteran? (Check one)
 Yes, Special Disabled
 No, Not a Disabled Veteran

30. What is your Family Status? (Check one)
 A parent in a 1 parent family with dependent children
 A parent in a 2 parent family with dependent children
 A family member living with your family of 2 or more
 Supporting yourself and not living with family

31. What is your Student Status? In School
 Not in School

32. Are you a Migrant-Seasonal Farm Worker?
 No
 Yes, Migrant Farm Worker
 Yes, Migrant Food Processing Worker
 Yes, Seasonal Farm Worker

33. Are you an Interstate Migrant Seasonal Farm Worker?
 Yes No

34. Date you will actively seek employment: _____

35. Alternate Contact Information:
 Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

36. What is your Labor Force Status in the last 7 days?
(Choose only one)
 Employed 31+ hours per week
 Employed 30 or less hours per week
 Not in the Labor Force
 Unemployed

37. Do you have limited English speaking ability: Yes No

Are you "listed on" and currently receiving?
 38. Supplemental Security Income (SSI) Yes No
 39. MFIP Assistance (TANF) Yes No
 40. Food Stamps/ Food Support Yes No
 41. Refugee Assistance Yes No
 42. General Assistance Yes No

II. FINANCIAL SECTION (ALL APPLICANTS *must* indicate amounts counting back 6 months from Today's Date)

INCOME	Other Family		ASSISTANCE	Other Family	
	Applicant	Members		Applicant	Members
Gross Wages/Salary	\$	\$	MFIP/TANF	\$	\$
Self-Employment (Net)	\$	\$	General Assistance (GA)	\$	\$
Alimony	\$	\$	Supplement Security Income (SSI)	\$	\$
Retirement Incomes	\$	\$	Food Stamps	\$	\$
On the Job Training	\$	\$	Child Support	\$	\$
School Aids/Grants	\$	\$	Unemployment Insurance	\$	\$
Social Security	\$	\$	School Pell Grant	\$	\$
Worker Compensation	\$	\$	Student Loans	\$	\$
Disability & Other Income (Specify)	\$	\$	Other Assistance (Specify)	\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
Total 6 months of Income for each:	\$	\$		\$	\$
Total combined 6 months of Income:	\$		Total Assistance for each:	\$	\$
43. Annualized Income:	\$		Total Assistance for 6 months:	\$	

44. How many family members live in your household? _____
 List names & ages of all family members including yourself:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

44 a. (OFFICE USE ONLY) Eligible Family Size: _____

III. EDUCATION HISTORY

Colleges/Technical School	Graduated
45. What is your current education status? (Check one) Not a high school graduate & attending school <input type="checkbox"/> HS Graduate; attending Post HS training <input type="checkbox"/> Not attending school; HS Dropout <input type="checkbox"/> Not attending school; HS Graduate <input type="checkbox"/>	a) School: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date Attended: From: _____ To: _____ Major Course Studied: _____ b) School: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Date Attended: From: _____ To: _____ Major Course Studied: _____
46. Highest level of education you have completed: (Check one) 1-6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/>	FOR OFFICE USE ONLY 47. Basic Skill Deficient (Local Definition) <input type="checkbox"/> <input type="checkbox"/> 48. Grade Equivalency READING Score: _____ 49. Grade Equivalency MATH Score: _____

IV. GENERAL INFORMATION

50. Were you referred by Worker Profiling Services? <input type="checkbox"/> Y <input type="checkbox"/> N	56. Are you homeless? <input type="checkbox"/> Y <input type="checkbox"/> N
51. Are you under 22 and pregnant or a parent? <input type="checkbox"/> Y <input type="checkbox"/> N	57. Have you been arrested or convicted of either a misdemeanor or felony? <input type="checkbox"/> Y <input type="checkbox"/> N
52. Are you under 22 and runaway from home? <input type="checkbox"/> Y <input type="checkbox"/> N	58. Are you recovering from chemical dependency? <input type="checkbox"/> Y <input type="checkbox"/> N
53. Have you worked LESS than 6 consecutive months for any single employer during the past 3 years? <input type="checkbox"/> Y <input type="checkbox"/> N	59. (FOR OFFICE USE ONLY) WSA Barrier? (Low income, cash assistance or Veteran) <input type="checkbox"/> Y <input type="checkbox"/> N
54. What is your Unemployment Insurance Status? (Check one) Claim filed or currently receiving benefits <input type="checkbox"/> Exhausted all of your benefits <input type="checkbox"/> Eligible for benefits but no claimed filed <input type="checkbox"/> Not eligible for benefits due to insufficient earnings <input type="checkbox"/> Does not apply <input type="checkbox"/>	60. What is your Pell Grant Status? Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending, Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/>
55. Are you a foster child on whose behalf state or local government payments are made? <input type="checkbox"/> Y <input type="checkbox"/> N	61. How many weeks you have been unemployed during the last 52 weeks? _____
	62. How many dependents do you have that are under the age of 18 years old? _____

V. WORK HISTORY

A. Current or Last Job		Work Type: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Employer: _____	Hourly Wage: \$ _____	Hours per Week: _____	
Address: _____	Start Date: (Mo/Yr) _____		End Date: (Mo/Yr) _____
City: _____ State: _____	Job Title: _____		
Phone: _____ Zip Code: _____	ONET SOC: _____		
What were your job duties?: _____			
What kinds of tools, materials or equipment did you use regularly? (I.E. Computer, office, or heavy equipment, hand tools...)			
How did you get this job?: _____			
Reason for leaving: _____			

B. Next to Last Job		Work Type: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Employer: _____	Hourly Wage: \$ _____	Hours per Week: _____	
Address: _____	Start Date: (Mo/Yr) _____		End Date: (Mo/Yr) _____
City: _____ State: _____	Job Title: _____		
Phone: _____ Zip Code: _____	ONET SOC: _____		
What were your job duties?: _____			
What kinds of tools, materials or equipment did you use regularly? (I.E. Computer, office, or heavy equipment, hand tools...)			
How did you get this job?: _____			
Reason for leaving: _____			

VI. YOUTH INFORMATION

If you are over 21, skip this section

63. Are you eligible to receive free school lunches? Y <input type="checkbox"/> N <input type="checkbox"/>	67. Are you participating in a Youth Diversion Program? Y <input type="checkbox"/> N <input type="checkbox"/>
64. Are you at risk of dropping out of high school? Y <input type="checkbox"/> N <input type="checkbox"/>	68. Do you have a current Individual Education Plan(IEP) or a 504 plan? Y <input type="checkbox"/> N <input type="checkbox"/>
GREY AREA FOR OFFICE USE ONLY	
65. Low Educational Attainment (Youth) Y <input type="checkbox"/> N <input type="checkbox"/>	69. WIA at Risk Youth Y <input type="checkbox"/> N <input type="checkbox"/>
66. MN At Risk Youth Y <input type="checkbox"/> N <input type="checkbox"/>	An "Eligible Youth", for WIA purposes, means an individual who:
<p>14-21 year old who meets any <u>one</u> of the following:</p> <p>A) Pregnant / parenting B) Limited English proficiency C) Potential or actual school dropout D) Offender or participant in diversion programs E) Public assistance recipient/group home services F) Disabilities including learning disabilities G) Chemical Dependent youth/children of drug or alcohol abuse H) Homeless or a runaway I) Basic skills deficiency J) Education attainment 1+ levels below grade level appropriate to age K) Foster child L) Economically disadvantaged</p>	<p>A) Is not less than age 14 and not more than 21; AND B) Is a low-income individual; including at least <u>one</u> of the following:</p> <ol style="list-style-type: none"> 1) Receives cash welfare 2) Family income at or below poverty or 70% LLS 3) Receives food stamps or eligible to in last 6 months 4) Homeless; 5) Foster child; or 6) Disabled including physical, mental, or emotional; AND <p>C) Is an individual who is <u>one or more</u> of the following:</p> <ol style="list-style-type: none"> 1) Deficient in basic literacy skills 2) A school dropout 3) Homeless, a runaway, or a foster child 4) Pregnant or a parent 5) An offender 6) Requires additional assistance (as defined by the WSA) to an educational program, or secure and hold employment

VII. DISLOCATED WORKER ELIGIBILITY INFORMATION

70. Were you a MN resident at the time your employment ended? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	82. Are you ELIGIBLE for: (Check One) TAA only <input type="checkbox"/> NAFTA only <input type="checkbox"/> Both TAA & NAFTA <input type="checkbox"/> Not Eligible for either <input type="checkbox"/>
71. Are you at risk for being laid off? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	83. Are you ENROLLED in: (Check One) TAA only <input type="checkbox"/> NAFTA only <input type="checkbox"/> Not enrolled in either <input type="checkbox"/>
72. Are you permanently separated from your job? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
73. Date of permanent separation from job: _____	84. Dislocated job with a Public or Non-Profit Agency? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
74. Actual or projected dislocation date: _____	
75. Are you unlikely to return to your previous occupation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	85. Dislocated job with a Minnesota Employer? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
76. Did you lose your job due to a plant closure? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	86. Dislocated job represented by a Union? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
77. Did you lose your job due to no fault of your own? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	87. Dislocated from Self-Employment? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
78. Was your dislocated job affected by a mass layoff? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If "Yes", date layoff notice was issued publicly: _____	88. Hourly wage of Dislocated Job: _____
79. Is there little or no chance you can find work in a similar occupation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	89. Received Rapid Response Activity Services? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
80. How many months were you employed in your primary location? _____	FOR OFFICE USE ONLY
81. Dislocated Worker Barrier to Re-employment: (Check One) Specified barriers listed below are not applicable <input type="checkbox"/> Skills have become DATED <input type="checkbox"/> Skills have become NON-TRANSFERABLE <input type="checkbox"/> Skills have become OBSOLETE or antiquated <input type="checkbox"/> Applicant is UNCREDENTIALLED <input type="checkbox"/> Applicant is UNSKILLED <input type="checkbox"/>	LOCAL PRIORITY OF SERVICE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

VIII. Minnesota Family Resiliency Partnership Information

90. Did you provide any unpaid services in the home while unemployed or underemployed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	92. Are you no longer receiving this income and now must find additional employment/income to support yourself and/or family? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
91. Were you dependent on any financial contribution or support of others in your household? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	93. Are you underemployed or unemployed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	94. Are you having trouble finding employment or upgrading your employment so you can now support yourself and/or family? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

VIII. AGENCY POLICIES AND APPLICANT CERTIFICATION SIGNATURE

This application gives us the information we need to start helping you. You may need to fill out additional forms if you are interested in applying for the specialized services. **I understand that if I am receiving SNAP benefits, I will be co-enrolled, if eligible in AEAO's Dislocated Worker and/or MN Family Resiliency Partnership programs.** This means that if I am receiving SNAP benefits, I can let my SNAP worker know that the training hours I am doing can count towards my hour requirements to maintain my SNAP benefits during training and job search.

CERTIFICATION: I certify that the information provided by me is true to the best of my knowledge and I am not intentionally providing false information. I am aware that the information I have provided will be used to determine eligibility and is subject to review and verification. I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

X	X
Applicant Signature	Parent/Guardian signature, if under 18
Date	Date

FOR OFFICE USE ONLY

Counselor/ Staff Initials: _____ Date: _____

Consent to Wage Share Form- Signed Yes No

Program(s) Eligible: Dislocated Worker Minnesota Family Resiliency Partnership

Eligibility Determination Date: _____