

MWE APPLICATION SUMMARY

Date Completed:

QUESTION	RESPONSE	DOCUMENTATION
A: CONTACT		
First name		
Middle Initial		
Last Name		
SSN		Verification:
Current Address Line 1		Verification:
Line 2		
City		
State		
County		
Zip Code		
Country		
Primary Phone Number		
Primary Phone Type		
Alternate Phone Number		
Alternate Phone Type		
Email		
Mailing address Line 1		
Mailing address Line 2		
City		
State		
Zip Code		
Country		
B: DEMOGRAPHICS		
Date of Birth		Verification:
Gender		
Registered for Selective Service		Verification:
Selective Service Registration Number		
Selective Service Registration Date		
Authorized to work in the US		Verification:
Considered to be of Hispanic Heritage		
Race - Ethnicity		
Considered to have a Disability		Verification:
Category of Disability		
C: VETERAN		
Transitioning Service Member		
Type of Transitioning Service Member		
Estimated Discharge Date		
Eligible Veteran Status		Verification:
Served more than 1 tour of duty		

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Military Service Entry Date		
Military Service Discharge Date		
Disabled Veteran		
Homeless Veteran		
Received Services from Veterans Vocational Rehabilitation		
D: EMPLOYMENT		
Employment Status		Verification:
If employed, individual is under-employed		
In a Registered Apprenticeship Program		
Unemployment Eligibility Status		
UI Referred By Status		
Claimant has been exempted from work search		
Date claimant was exempted from work search		
Unemployment Compensation Verify		Verification:
Long-term Unemployed (27 or more consecutive weeks)		
Current or Most Recent Hourly Rate of Pay		
Occupation of Most Recent Employment Prior to WIOA Participation		
Employment History	Resume Entered in MWE	
E: EDUCATION		
Most Recent Date Attended Secondary School		
Within Compulsory School Age and Did Not Attend the Most Recent Complete School Year Calendar		Verification:
Has secondary school diploma/equivalent on date of application?		
School Status at Youth Program Eligibility		Verification:
WIOA Definition Attending Any School		
Highest School Grade Completed		
High School Diploma or Equivalent Received		
Highest Education Level Completed		Verification:
School Status		Verification:
Receiving Services from Adult Education		
Receiving Services from Youth Build		
Receiving Services from Job Corps		
Receiving Services from Vocational Education (Carl Perkins)		
Individual Education Program Participant		
F: PUBLIC ASSISTANCE		
Individual or member of a family that is receiving or in the last six months has received:		
Temporary Assistance for Needy Families		Verification:
If yes, who:		
Supplemental Security Income (SSI)		Verification:
If yes, who:		
General Assistance (GA)		Verification:
If yes, who:		

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Supplemental Nutrition Assistance Program (SNAP)		Verification:
If yes, who:		
Refugee Cash Assistance (RCA)		Verification:
If yes, who:		
Individual receives or in the last six months has received Social Security Disability Insurance Income		Verification:
Individual is currently		
Foster Child (State of local payments are made for the applicant)		Verification:
Youth currently living in a high poverty area		Verification:
Youth currently receives or is eligible to receive free or reduced lunch under the Richard B. Russell		Verification:
Receiving services under SNAP Employment and Training Program		
Receiving or has been notified will receive, Pell Grant		
Ticket to Work Holder issued by the Social Security Administration		
G: BARRIERS		
English Language Learner		Verification:
Basic Skills Deficient/Low Levels of Literacy		Verification:
Basic Skills Scores		
Homeless		Verification:
Runaway		Verification:
Youth in or aged out of Foster Care		Verification:
Ex-offender - individual has been arrested or convicted of a crime		Verification:
Incarcerated at Program Entry		Verification:
Incarceration Release Date		
Pregnant/Parenting Youth		Verification:
Youth Requires Additional Assistance to complete an education program or to secure/hold employment		Verification:
Out-of-Home Placement		Verification:
Eligible under Section 477 of the Social Security Act (Foster Care transition services)		Verification:
Displaced Homemaker		Verification:
Within two years of exhausting TANF lifetime eligibility		Verification:
Hawaiian Native		
American Indian/Alaskan Native		
Single parent (including single pregnant women)		
Cultural barriers		
Eligible Migrant Seasonal Farmworker as defined in WIOA Sec 167 (i)		
Meets governors special barriers to employment		
H: FAMILY INCOME		
Due to the Individual's disability, they qualify as a family of 1		
Family size		Verification:
Annualized family income (last 6 months x 2)		Verification: