

WORKFORCE INNOVATION & OPPORTUNITY ACT UNIVERSAL INITIAL QUESTIONNAIRE For All Titles & Age Groups

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

The purpose of the WORKFORCE INNOVATION & OPPORTUNITY ACT (hereafter referred to as WIOA) is to assist individuals with securing and/or upgrading employment, training or increasing their earnings.

Attached please find the **WIOA Initial Questionnaire** which will better accommodate your inquiry for services through the WIOA program.

Completion of the following items is required in order to be considered for WIOA services:

- ❖ **The WIOA Initial Questionnaire**
- ❖ **Illinois Job Link enrollment (<https://illinoisjoblink.illinois.gov>)**
- ❖ **Illinois workNet enrollment (www.illinoisworknet.com)**

Once you have completed the **Initial Questionnaire**, return it. You will be contacted concerning your eligibility.

Your enrollment in **Illinois Job Link**, **Illinois workNet** will be verified prior to enrollment in WIOA services.

If enrolled in the WIOA program, you will be required to make monthly contact with your career specialist and continue to provide monthly follow-up information for a period of 12 months after completion of your program.

We encourage you to start using **Illinois Job Link** now to aid in your job search. Individuals receiving unemployment benefits are required to register for Illinois Job Link.

Illinois workNet provides a wealth of information concerning career planning, job search, and job readiness skill-building, including resume preparation, interviewing tips and valuable training and education information. First, you need to set up your own free account by going to the website www2.illinoisworknet.com. Click on the blue "Sign-Up" at the top right corner and complete the registration information. Remember to record your user name and password for future use. You can access Illinois workNet anywhere you have use of the Internet, including our WIOA offices where staff will be available to assist you.

Thank you for your interest in WIOA!

**WORKFORCE INNOVATION & OPPORTUNITY ACT
INITIAL QUESTIONNAIRE**

UNIVERSAL VERSION – All TITLES & AGE GROUPS

**PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE VIA THE ACCOMPANYING
INSTRUCTIONS OR THOSE AT THE END OF THIS FORM!**

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

DATE OF BIRTH _____ Last 4 digits -SSN _____

Veteran

ARE YOU A VETERAN? YES NO

IF YES, LIST BRANCH AND DATES OF SERVICE _____

TYPE OF DISCHARGE: (circle one) Honorable Service-Connected Disability

Less than Honorable Dishonorable

ARE YOU THE SPOUSE OF ANY OF THE FOLLOWING INDIVIDUALS? YES NO

(Mark all that apply)

- ☐ Any veteran who died of a service-connected disability;
- ☐ Any member of the Armed Forces serving on active duty who, at the time of application for assistance under this section, is listed, pursuant to Section 556 of Title 37 and regulations issued there under by the Secretary, concerned in one or more of the following categories and has been so listed for a total of more than 90 days:
 - Missing in action,
 - Captured in line of duty by hostile force or
 - Forcibly detained or interned in line of duty by a foreign government or power.
- ☐ Any veteran who has a total disability resulting from a service-connected disability or
- ☐ Any veteran who died while a disability so evaluated was in existence.

Disability

THE FOLLOWING INFORMATION IS HELPFUL IN SUPPLYING CUSTOMER NEEDS; HOWEVER, YOU ARE **NOT** REQUIRED TO PROVIDE AN ANSWER.

DO YOU HAVE A DISABILITY? YES NO

IF YES, IS THE NATURE OF YOUR DISABILITY: PERMANENT? TEMPORARY?

DO YOU REQUIRE ANY ACCOMMODATIONS TO ACCESS WIOA SERVICES? YES NO

IF YES, WHAT ACCOMMODATIONS DO YOU REQUIRE?

Please explain: _____

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.

IF YOU ARE BETWEEN THE AGES OF 17 – 24, COMPLETE THIS PAGE.

IF NOT SKIP TO PAGE 3.

YOUTH ELIGIBILITY CHECKLIST

(circle all that apply)

Would you be interested in part-time work or work experience while in school? YES NO

I. Are you currently attending? (circle all that apply)

High School GED Classes Alternative School College Vocational School

Do you have a high school diploma? **Yes No** GED? **Yes No**

Are you a Special Education Student? **Yes No** Do you have an IEP? **Yes No**

What month and year did you graduate, or anticipate graduating, from high school? _____

What month and year did you last attend **any** school? _____

List any degrees, certificates or licenses you have: _____

II. Are you currently attending any school? Yes No (If no, stop here and go to Section III)

Are you between the ages of 17 – 21 years? Yes No

If you are in high school, are you receiving Free/Reduced lunch? Yes No

Are you an individual with a disability? Yes No

III. If you are not attending any school:

Are you between the ages of 17 – 24 years? Yes No

Have you graduated from high school or obtained a GED? Yes No

If you dropped out of high school and never completed it
or never obtained a GED, are you 17 years old or younger? Yes No

Is English a second language for you? Yes No

Are you subject to the juvenile or adult justice system? Yes No

Are you pregnant or parenting? Yes No

Are you an individual with a disability? Yes No

Are you: (circle all that apply)?

Homeless Runaway In foster care

Aged out of foster care In out-of-home placement

Eligible for assistance from Social Security due to your foster care status

CURRENT EDUCATION & FUTURE EDUCATIONAL PLANS

(circle all that apply)

PLEASE CIRCLE HIGHEST GRADE COMPLETED: 0 1 2 3 4 5 6 7 8 9 10 11

12-No HS Diploma 12-HS Diploma GED Freshman-Col Sophomore-Col Junior-Col

Bachelor's Degree Associate Degree Masters Doctorate

Attained Certificate of Attendance/Completion Attained Other Post-High School Degree or Certificate

IF YOU HAVE A HIGH SCHOOL DIPLOMA OR GED:

Date obtained _____ School _____

IF YOU HAVE ANY VALID DEGREES, CERTIFICATES, AND/OR LICENSES:

What are they? _____

Date obtained _____ School _____

DO YOU HAVE A PREVIOUS UNPAID BALANCE DUE TO A SCHOOL? YES NO

IF YES, EXPLAIN: _____

ARE YOU ON ACADEMIC PROBATION? YES NO

ARE YOU A FORMER Workforce Innovation & Opportunity Act (OR WIA) CUSTOMER? YES NO

IF YOU ARE CURRENTLY ENROLLED IN COLLEGE/TRADE SCHOOL, PLEASE COMPLETE THE FOLLOWING:

Name of school and location _____

Name of program you are enrolled in _____

Start date _____ Expected completion date _____

IF NOT CURRENTLY ENROLLED IN SCHOOL BUT WOULD LIKE ASSISTANCE TO DO SO, PLEASE COMPLETE THIS SECTION:

Are you wanting help with tuition, books & Fees to begin a new training program? YES NO

If yes, Name of the program _____

Have you been accepted into this program? YES NO

School and Location _____

Expected start Date: _____ End Date: _____

Have you applied for financial aid? YES NO

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO

NAME OF **LAST, OR CURRENT**, EMPLOYER: _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ or EXPECTED LAYOFF DATE _____

YOUR POSITION _____ HOURS/WK _____ WAGE _____

IF NOT EMPLOYED (circle one): TERMINATED QUIT LAID OFF NEVER WORKED

ARE YOU RECEIVING UNEMPLOYMENT INSURANCE BENEFITS? (circle one) YES NO PENDING

ARE YOU ACTIVELY LOOKING FOR WORK? YES NO

WHAT SKILLS DO YOU HAVE? _____

IF NOT CURRENTLY EMPLOYED, WHY HAS IT BEEN DIFFICULT FOR YOU TO SECURE EMPLOYMENT?

Income

NUMBER OF FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD: _____

PREVIOUS SIX MONTHS INCOME FOR YOUR HOUSEHOLD: _____

HOUSEHOLD SOURCES OF INCOME (circle all that apply):

Salary/Wages Unemployment Insurance Pension Social Security TANF (SNAP) Food Stamps
Child Support Supplemental Security Income (SSI) School Grants Free or Reduced Lunch if in school
Other: _____

PLEASE GIVE US ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT:

**PLEASE NOTE THAT ALL INFORMATION GIVEN IS CONFIDENTIAL UNLESS
A "CONSENT TO RELEASE INFORMATION" FORM IS SIGNED.**

RETURN TO:
Lucas Robison
Knox Co. Workforce Office at:
311 E Main St Suite 612 Galesburg, IL
Email: robisonlucas6@gmail.com
Phone: 309-343-9832 Ext. 303 FAX: 309-343-4954