


Customer's Attending, Enrolled or Accepted into Education/Training Informational Appointment Checklist

PLEASE READ INFORMATION BELOW:

THIS PACKET MUST BE COMPLETED before you can meet with a Case Manager. Once you have everything on the checklist completed, please call (419) 999-0360 and ask to schedule an informational appointment. Please reserve program questions for the Case Manager who will review the checklist with you.

Please ensure you have following items with you when you make appointment with Case Manager.
If not applicable to your situation, please indicate N/A

Documentation needed for you to bring to your scheduled appointment with Case Manager:

- Age** – Birth certificate, Baptismal Record, DD214, Driver License, OR Passport
- Citizenship** – Social Security Card, Birth Certificate, Baptismal Record, OR Passport
- Social Security Number** – Social Security Card, DD214, OR Passport
- Selective Service** – If male, born after Jan.1, 1960. DD214 or verification of registration (www.sss.gov)
- Dislocated Worker** – Layoff letter or Unemployment Compensation Verification
- Income** – All income for all household members for the last 30 days
- Resume** – Updated resume
- OMJ Employment Contact Form** or documentation of your job search for the last 30 days (if unemployed)
- OMJ Individual Assessment/Application** completed
- Job History Form** completed
- Labor Market Information** - Minimum of 5 current job postings related to your request for training or LMI from www.ohiomeansjobs.com  . Other permissible sources include: newspaper clippings, job postings from legitimate job board websites, or a letter of intent to hire from employer.

Customers Attending School:	Customers Enrolled or Accepted in Training
<input type="checkbox"/> Need & Resources Form	<input type="checkbox"/> Acceptance letter or clinical acceptance
<input type="checkbox"/> Session/Semester Breakdown Form	<input type="checkbox"/> Need & Resources Form
<input type="checkbox"/> Transcript	<input type="checkbox"/> Session/Semester Breakdown Form
<input type="checkbox"/> Bill / Invoice from School	<input type="checkbox"/> FAFSA Print Out or Award Letter FAFSA
	MUST be completed prior to seeking WIOA Assistance

ALL MEDICAL STUDENTS must verify their background. Verification of this can be found at www.limamunicipalcourt.org or your local municipal court if not an Allen County resident.

PLEASE NOTE: The Workforce Innovation and Opportunity Act (WIOA) **is not an entitlement program** and you are not guaranteed career or training services. Your eligibility and suitability for services will be determined by a WIOA Case Manager.
WIOA 900-12/Revised 11/2017

Individual Assessment /Application

READ & COMPLETE CAREFULLY

You will be rescheduled if this form is not completed in its entirety

What type of service are you exploring? Job Search Education/Training On-the-Job Training

Name:	Date:		
Mailing Address:	City:	State:	ZIP:
Phone Number:	Email:		
Social Security Number:			
Are you between the ages of 18 – 24? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Income Information

List Household Members (Include yourself)	Relationship	Date of Birth	Monthly Income	Source of Monthly
			(Income including: Earned & Unearned Income, Unemployment Comp, SSL, RSDI, etc)	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

If no income, how do you support yourself?

Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, list current place of employment:
Are you presently laid-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list company:
Have you received notification of layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list company:

Career/Education Goal

What is your education status? HS Grad /GED ABLE Vocational School Associate Degree

Bachelor Degree Certificate Credential Some College _____

If you have not graduated or received your High School Equivalency, what is the highest grade completed?

What is your employment or career goal?

Are you currently enrolled in school? Yes No If yes, where/what program:

Where would you like to receive this training?

Did you complete any type of assessment at the training institution or career placement Yes No
(Example: WorkKeys, Compass, TABE, SLE)

Cost of this training:	Start date of the training:	Anticipated end date of the training:
What kind of jobs would you be qualified for after completing this training?		
What skills, experience or training do you currently have that would make you a good candidate for this field?		
What is the entry-level salary/wage rate for jobs in this field?		
What is the employment outlook, including projected annual openings, for this type of work in the local job market?		
How far are you willing to travel/drive for a position in this field?		
Please indicate the Job Search skills that you need assistance with:		
<input type="checkbox"/> Basic Computer <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Internet Job Search <input type="checkbox"/> Resume <input type="checkbox"/> Cover Letters <input type="checkbox"/> Interviewing <input type="checkbox"/> Budgeting <input type="checkbox"/> Other _____		
What will be your job search strategy following the training?		
Needs & Barriers		
<input type="checkbox"/> Disabled <input type="checkbox"/> Older Worker <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Limited Proficiency <input type="checkbox"/> Offender <input type="checkbox"/> Basic Literacy <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History <input type="checkbox"/> Homeless <input type="checkbox"/> TANF Exhausted <input type="checkbox"/> School Drop-out <input type="checkbox"/> Mental/Physical Limitations <input type="checkbox"/> Past IEP (Individual Education Plan)		
Will you need child care now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your emergency plan when the child(ren) is ill and cannot stay with child care provider?		
Can you provide your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, who will be responsible for driving you back & forth to training/work?		
Financial Aid (Education/Training Only)		
PELL Amount awarded	\$	
Employer Scholarship or Contribution	\$	
Student Loans	\$	
Other Resources: _____	\$	
Total Amount Awarded	\$	
Are you default on a previous Student Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes have you been making payments? <input type="checkbox"/> Yes <input type="checkbox"/> No **Documentation of last 6 months of on-time payments must be provided for default student loans	

Customer Signature

Date

Case Manager Signature

Date

Job History

Name _____ Last four SSN **xxx-xx** _____

List Employment History
** Begin with most current employment*

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

I have never been employed. Initials _____ **Date** _____

Employer Contacts for the Last 30 days

	Date	Employer	Application method (online, in person, etc)	What position did you apply for?	Do you currently have the qualification(s) for this position?	Response from Employer
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Signature _____

Date _____



Needs and Resources Form

Return to:

Student Name:	Last 4 SSN:
School:	Program:

I authorize OhioMeanJobs - Allen County and the Financial Aid Officer at the above named school to exchange financial, academic, and other information necessary in regard to my education/training program.

Participant Signature: _____ **Date:** _____

FINANCIAL AID OFFICER – PLEASE COMPLETE AND RETURN
** Please asterisk tuition-specific aid*

Needs analysis:

Financial Aid	FALL	WINTER	SPRING	SUMMER
PELL-SEOG				
OIG				
Scholarships				
Other Aid				
Other Aid				
TOTAL				
A. Student's Cost of Attendance for this term; Include all expenses , not just educational				\$
B. Total Resources for this Session/Semester (From Grid Above)				\$
C. Remaining Unmet Need for this Quarter/Session/Semester (A minus B)				\$

**No financial aid information on file as of this date _____

Comments: _____

Financial Aid Officer's Signature

Date

Session / Semester Breakdown



Institution:	
Student Name:	
Major/Degree Expected:	Cost Per Credit Hour:
Begin Date:	Date of Graduation:

List all courses required and credit hours

****Highlight remedial or pre-requisites courses**

Term:		Term:		Term:		Term:	
Course	Credits	Course	Credits	Course	Credits	Course	Credits

Term:		Term:		Term:		Term:	
Course	Credits	Course	Credits	Course	Credits	Course	Credits

Note: If additional sessions are required please use the space below.

Term:		Term:		Term:		Term:	
Course	Credits	Course	Credits	Course	Credits	Course	Credits

Comments: _____

I give my permission for this information to be released to OhioMeansJobs – Allen County for the purpose of evaluation of my educational needs.

Student Signature/Date

Academic Advisor Signature /Date