

WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA)
YOUTH SERVICES
NEXTGEN APPLICATION

WorkSource Atlanta Regional (also known as the Atlanta Regional Workforce Development Board (ARWDB)), whose services are administered and staffed by the Atlanta Regional Commission, provides workforce services funded by the Workforce Innovation & Opportunity Act (WIOA) to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry and Rockdale counties. Workforce services are provided by NextGen Service Providers, one of which you are applying to.

NextGen Program provides **FREE** (no cost) services to WIOA eligible individuals between the ages of 16-24 years old who have barriers to education, training, and employment. NextGen Program focuses on individuals who are school dropouts, in the last year(s) of high school, have a disability, English language learners, have exposure to the foster care or justice systems, as well as other individuals who are considered at-risk.

The following application will help match you with education, training, and employment services that best suit your interests and skills. **Filling out the application does not automatically guarantee enrollment into NextGen Program.** Along with completing an application, you will also be required to submit verification documents. The information provided within the application and the documents submitted will be used to determine eligibility for the program. **However, the application does not satisfy as self-attestation to replace verification documents.** In addition to completing the application, you will be required to complete assessment activities to determine your reading and math skills, set education, employment and career goals, and establish immediate steps towards these goals.

Thank you for your interest in participating in WorkSource Atlanta Regional NextGen Program.

CONTACT INFORMATION

| | | | | |
|------------------|-------------------|-------------|-------------------------------|--|
| LAST NAME | FIRST NAME | M.I. | SOCIAL SECURITY NUMBER | |
|------------------|-------------------|-------------|-------------------------------|--|

If HOMELESS, use address of shelter or location you last stayed.

| | | | | |
|--------------------------|---------------|-------------|--------------|-----------------|
| RESIDENCE ADDRESS | COUNTY | CITY | STATE | ZIP CODE |
|--------------------------|---------------|-------------|--------------|-----------------|

If HOMELESS, use address where you receive your mail.

| | | | | |
|-----------------------------------|---------------|-------------|--------------|-----------------|
| MAILING ADDRESS (IF DIFF.) | COUNTY | CITY | STATE | ZIP CODE |
|-----------------------------------|---------------|-------------|--------------|-----------------|

| | | |
|----------------------|------------------------|--------------|
| PRIMARY PHONE | SECONDARY PHONE | EMAIL |
|----------------------|------------------------|--------------|

ARE YOU ABLE TO RECEIVE TEXTS TO YOUR PRIMARY NUMBER? ☐ Yes ☐ No**SOCIAL NETWORK (i.e. Facebook, Twitter, Instagram, WhatsApp)** (Please provide your profile name)

Site & Profile Name: _____ Site & Profile Name: _____

Site & Profile Name: _____ Site & Profile Name: _____

| | | |
|--------------------------|---------------------|---------------------|
| EMERGENCY CONTACT | RELATIONSHIP | PHONE NUMBER |
|--------------------------|---------------------|---------------------|

DEMOGRAPHIC

| | | |
|-----------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|
| DATE OF BIRTH (MM/DD/YYYY) | AGE | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not self-identify |
|-----------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|

WHAT IS YOUR CITIZENSHIP STATUS?☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ Alien/Refugee Lawfully Admitted to U.S.

Alien Registration Number (USCIS): _____ Expiration Date: _____

ARE YOU REGISTERED WITH SELECTIVE SERVICE? ☐ Yes ☐ No ☐ Not Applicable**RACE/ETHNICITY**☐ Native American ☐ White ☐ Asian ☐ Hispanic or Latino ☐ Pacific Isle☐ Black or African American ☐ Do not self-identify**VETERAN****WITHIN THE LAST 12 MONTHS, HAVE YOU RECEIVED SEPARATION DOCUMENTATION FROM MILITARY SERVICE?**☐ Yes ☐ No ☐ Not Applicable **DATE:** _____**ARE YOU or YOUR SPOUSE A VETERAN?** ☐ Yes ☐ No ☐ Not ApplicableIf Yes, indicate who: ☐ Self ☐ Spouse**HAVE YOU SERVED MORE THAN 1 TOUR OF DUTY?** ☐ Yes ☐ No ☐ Not Applicable**ARE YOU ENROLLED IN THE HOMELESS VETERANS' REINTEGRATION PROGRAM?** ☐ Yes ☐ No ☐ Not Applicable**EMPLOYMENT****WHAT IS YOUR EMPLOYMENT STATUS?**☐ Employed ☐ Not Employed ☐ Seeking Employment ☐ Not Seeking Employment**DO YOU HAVE EMPLOYMENT HISTORY?** ☐ Yes ☐ No *Provide resume if you have one.**UC ELIGIBILITY STATUS – Do you have a claim for unemployment?** ☐ Yes ☐ No**HAVE YOU EXPERIENCED LONG-TERM UNEMPLOYMENT (27+ weeks)?** ☐ Yes ☐ No

DISPLACED WORKER - Have you lost or left your job because they closed or moved, there was insufficient work for you to do, or your position or shift was abolished? ☐ Yes ☐ No

EDUCATION

WHAT IS YOUR CURRENT SCHOOL STATUS

☐ **Dropout**

- ☐ Not attending school and has NOT received a High School Diploma (HSD) or GED

IF SO, **SKIP TO "SECTION A"**

☐ **Currently Attending**

- ☐ High School or Less
☐ Alternative School
☐ Post-Secondary School
☐ Advanced Training
☐ GED Program
☐ Other: _____

IF YOU ARE **ATTENDING SCHOOL**
 (High School or Post-secondary),
SKIP TO "SECTION B"

☐ **Received Diploma/Certificate/Degree**

- ☐ High School Diploma
☐ GED or Equivalent
☐ AA or AS Degree/Diploma
☐ BA or BS Degree/Diploma
☐ Occupational License/Certificate
☐ Other: _____

IF YOU ARE **NOT ATTENDING SCHOOL and Received your High School Diploma**,
SKIP TO "PUBLIC ASSISTANCE"

SECTION A - Not attending school and has NOT received the HSD/GED, complete the following section.

INDICATE THE NAME OF LAST SCHOOL ATTENDED, COUNTY AND LAST GRADE COMPLETED.

School Name: _____ County: _____ Last Grade Completed: _____

IF CURRENTLY ENROLLED IN A GED PROGRAM, INDICATE NAME OF THE SCHOOL/PROGRAM

ENROLLED IN: _____

HAVE YOU PASSED ANY PART(S) OF THE GED? ☐ Yes ☐ No ☐ Not Applicable

If Yes, indicate part/s: ☐ Reasoning Through Language Arts ☐ Science
☐ Mathematical Reasoning ☐ Social Studies

HAVE YOU PARTICIPATED IN A PROGRAM LIKE THIS BEFORE? ☐ Yes ☐ No

If Yes, indicate: Name of Program: _____ Location: _____

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN IN A TRAINING PROGRAM? ☐ Yes ☐ No

If Yes, check the program from the list below:

- ☐ WIOA Title II Adult Education (GED Program) ☐ Job Corps ☐ YouthBuild
☐ Vocational Rehabilitation (Voc. Rehab.) ☐ Other: _____

If Yes, indicate: Location _____ Month _____ Year _____

SECTION B - If you are ATTENDING SCHOOL, complete the following section.

LIST NAME OF SCHOOL CURRENTLY ATTENDING: _____

WHAT IS YOUR CURRENT GRADE IN SCHOOL? _____

ARE YOU A GRADE OR MORE BEHIND IN SCHOOL? ☐ Yes ☐ No

ARE YOU BEHIND IN ACADEMIC CREDIT(S)? ☐ Yes ☐ No

PUBLIC ASSISTANCE

DO YOU or YOUR PARENT/GUARDIAN RECEIVE PUBLIC/GOVERNMENT ASSISTANCE? ☐ Yes ☐ No

If Yes, indicate which one(s): ☐ TANF ☐ SSI ☐ General Assistance (GA)
☐ Food Stamp (SNAP) ☐ Other: _____

ARE YOU CURRENTLY LIVING IN A HIGH POVERTY AREA? ☐ Yes ☐ No

ARE YOU OR HAVE YOU EVER BEEN IN FOSTER CARE? ☐ Yes ☐ No

DO YOU RECEIVE PELL GRANT? ☐ Yes ☐ NoARE YOU IN THE TICKET-TO-WORK PROGRAM BY THE SOCIAL SECURITY ADMINISTRATION? ☐ Yes ☐ No**INDIVIDUAL BARRIERS**ARE YOU AN ENGLISH LANGUAGE LEARNER? ☐ Yes ☐ No

If Yes, indicate what is your primary language _____

Do you need an interpreter? ☐ Yes ☐ NoARE YOU HOMELESS? ☐ Yes ☐ NoARE YOU A RUNAWAY? ☐ Yes ☐ NoWERE YOU DISPLACED FROM YOUR HOME? ☐ Yes ☐ NoSECTION 477 OF SOCIAL SECURITY ACT - Do you receive Social Security benefits for Foster Care? ☐ Yes ☐ No

HAVE YOU EVER BEEN ARRESTED OR BEEN IN THE JUVENILE/ADULT JUSTICE SYSTEM (OFFENDER)?

☐ Yes ☐ No

If Yes, what county? _____

If Yes, indicate the type(s) of offense(s): ☐ Misdemeanor ☐ Felony☐ Dismissed ☐ In-School OffenseIf Yes, are you currently on probation/parole? ☐ Yes ☐ No ☐ Not ApplicableARE YOU CURRENTLY INCARCERATED? ☐ Yes ☐ NoARE YOU PREGNANT? ☐ Yes ☐ No ☐ Not ApplicableARE YOU A PARENT? ☐ Yes ☐ No

If Yes, list age(s) of Child(ren): (1) _____ (2) _____ (3) _____

DO YOU REQUIRE ADDITIONAL ASSISTANCE (RAA) TO ENTER OR COMPLETE AN EDUCATION PROGRAM OR TO SECURE OR HOLD EMPLOYMENT? ☐ Yes ☐ No**Please see the NextGen Service Provider to discuss the RAA Policy. Additional Documents Required.****HOUSEHOLD & INCOME**

FOR THE LAST SIX MONTHS, HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD? _____

Below, list the information for all persons living in your household

| Name | Relationship | Age | Income Source | Past Six (6) Months Income |
|------|---------------|-----|---------------|----------------------------|
| | <i>Myself</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DECLARATION, RIGHTS AND RESPONSIBILITIES**FALSIFICATION OF INFORMATION**

(Initial). I understand that by signing below I attest that what I have indicated in this application is true and accurate. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf.

APPLICATION DENIAL

(Initial). I understand if my application is denied I will be notified as to the reason for the denial.

COMPLAINT

(Initial). I understand I have the right to complain if I feel I have been discriminated against, mistreated, or disagree with the decisions made that affect me. I understand that those complaints are handled through the *GRIEVANCE AND COMPLAINT PROCEDURES*, which have been provided to me and I have signed as part of the application to receive services.

INTERPRETATION

(Initial). I have been given the opportunity to ask questions and gain clarification on any issues I did not understand.

SOCIAL NETWORK MEDIA

(Initial). I acknowledge that social networking media will be used to communicate with me. I understand that it is my responsibility to notify my Career Advisor of my profile name and the social networking site that I am a member of.

PERSONAL INFORMATION

(Initial). I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only and the information will not be shared with a 3rd party without my written consent.

Applicant Signature *(If under 18 years of age, parent/legal guardian signature is required)*

Date

Parent/Guardian Signature *(Sign here if applicant is under 18 years of age)*

Date

AUTHORIZATION FOR RELEASE OF RECORDS

WorkSource Atlanta Regional (also known as the Atlanta Regional Workforce Development Board (ARWDB)), whose services are administered and staffed by the Atlanta Regional Commission, provides workforce services funded by the Workforce Innovation & Opportunity Act (WIOA) to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry, and Rockdale counties. Workforce services are provided by the NextGen Program and the NextGen Service Providers indicated below.

Name: _____ Date: _____

DOB: _____ Last 4 SSN: _____

I hereby authorize the release of records:

From: _____
(Name of agency/person)

To: _____
(Name of NextGen Service Provider)

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Email

Email

Describe the records to be disclosed:

The reason for requesting the record(s) is:

- ☐ Employment
 ☐ Post-secondary/College
 ☐ Identification
 ☐ Birth Certificate
☐ Immigration
 ☐ Other

I understand that this information obtained will be treated in a confidential manner by the NextGen Service Provider under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

This authorization is valid from: _____ to _____ .
Date Date

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Signature (If under 18 years of age, parent/legal guardian signature is required)

Date

Parent/Guardian Signature (Sign here if applicant is under 18 years of age)

Date

GEORGIA ILLEGAL IMMIGRATION REFORM & ENFORCEMENT ACT AFFIDAVIT**(O.C.G.A.) § 50-36-1(E)(2) AFFIDAVIT
GEORGIA ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT**

By executing this affidavit under oath, as an applicant for Workforce Innovation & Opportunity Act Training Services as referenced in O.C.G.A. § 50-36-1, from Atlanta Regional Commission/Atlanta Regional Workforce Development Board the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, such as *Georgia Driver's License*, *US Birth Certificate*, *US Permanent Resident Card* or *Alien Registration Receipt Card*, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____

MEDICAL & DISABILITY**ASSURANCE**

Before you answer the following questions that may lead to disclosure of any type of medical or disability-related information, WorkSource Atlanta Regional/ ARWDB confirms to you that:

- a) Providing this information is voluntary.
- b) This information is **confidential**, as provided by law.
- c) This information will be used only in accordance with the law.
- d) Refusal for disclosure of disability is not subject to adverse treatment.
- e) This disability information is not kept in the file, or data base, **and is stored securely and separately.**

ARE YOU AN INDIVIDUAL WITH A DISABILITY? ☐ Yes ☐ No ☐ Not Specified

DID YOU HAVE AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP), OR 504 PLAN IN SCHOOL? ☐ Yes ☐ No

ADDITIONAL ASSISTANCE

(Initial). I understand it is my right and responsibility to notify my Career Advisor if I require assistance or accommodations in any way or have any questions.

Applicant Signature (If under 18 years of age, parent/legal guardian signature is required)

Date

Parent/Guardian Signature (Sign here if applicant is under 18 years of age)

Date

Disability defined (not limited to)

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

(A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: Neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or

(B) "Physical or mental impairment" includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: Orthopedic, visual, speech and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, pregnancy-related medical conditions, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.