REMOTE Wagner-Peyser Application

Date:	Username	2:			SSN: XXX	- XX -
Last Name:	1				1	VII:
First Name						
First Name:						
Residential Address:						
City:			ST:		Zip:	
County:			Country:			
Mailing Address (if different):						
City:			ST:		Zip:	
County:			Country:			
Please select the method in whi	ch vou	NCWorks M	essage	Email		
prefer to receive your notification	-		-		Message Notif	ication
		Postal Mail	50			with Notification
Primary Phone:			Cell/Mol			Not Identified
() -			Relatives		Home	Dther
Primary Email address:						
· · · · · · · · · · · · · · · · · · ·	1		Gender:		Pogistoro	d for Selective Service?
*Date of Birth: /	/			Female	-	
Are you authorized to work in th	ne United St	ates? 🛛 Yes	No			
Have you been arrested/convict				lo not wisł	n to answer.	
(If yes, you may be eligible fo						
Citizenship: Citizer	n of US or U	S Territory		US Pe	rmanent Resi	dent
Alien/	Refugee La	wfully Admitted	to US	□None	of these	
Alien Registration number:				Expirati	on:	
Are you of Hispanic or Latino he	ritage?	Yes No	🛛 I do not v	wish to ans	swer	
Race:		an American/Bl	ack	٦A	American India	an/Alaskan Native
(Please check all that apply)	Asiar	า		٦H	lawaiian/Othe	er Pacific Islander
	□ Whit	-			do not wish t	o answer
*Do you consider yourself to ha					h to answer	
If Yes, do you consider	r it a:	Physical/Chr	onic	,	cal/Mobility	
		Mental or Ps	•		n-related	
		Hearing-rela			ing Disability	
	.				ot disclose typ er Unknov	
Do you receive service Disability Work Setting	es from:			CBS Waive		vn 🔲No ered Workshop
	~ ·			Indiovine		
	g:	Competitive	Integrated E	• •		-
	g:	Competitive	Integrated E	ployment	🗖 Not E	mployed
	g:	Competitive Individual Su Group Suppo	Integrated E Ipported Em orted Emplor	ployment yment		mployed
Customized Employme		Competitive Individual Su Group Suppo Combination	Integrated E upported Em orted Emplor n of 2 or mor	ployment yment e types	□Not E □Unkn	mployed own
Customized Employmo Services Received:		Competitive Individual Su Group Suppo	Integrated E opported Em orted Emplo- of 2 or mor sessment se	ployment yment e types rvices	□Not E □Unkn □Deve	mployed
		Competitive Individual Su Group Suppo Combination	Integrated E ipported Em orted Emplor of 2 or mor sessment se oloyment as	ployment yment e types rvices a result of	Not E Unkn Deve employ	mployed own loped a customized
		Competitive Individual Su Group Suppo Combination Discovery as Secured emp	Integrated E ipported Em prted Employ of 2 or mor sessment se ployment as pmized empl	ployment yment e types rvices a result of oyment	Not E Unkn Deve employ Empl	imployed own loped a customized ment search plan.
		Competitive Individual Su Group Suppo Combination Discovery as Secured emp receiving custo	Integrated E ipported Em prted Employ of 2 or mor sessment se ployment as pmized empl	ployment yment e types rvices a result of oyment	Not E Unkn Deve employ Empl	imployed own loped a customized ment search plan. oyer negotiation services ES services
	ent	Competitive Individual Su Group Suppo Combination Discovery as Secured emp receiving custor services and re	Integrated E apported Employ of 2 or mor sessment se bloyment as pmized empl ceeived exter	ployment yment e types rvices a result of oyment nded supp	Not E Unkn Deve employ DEmpl ort No C Unkn Dene	imployed own loped a customized ment search plan. oyer negotiation services ES services own fit planning services
Services Received:	ent	Competitive Individual Su Group Suppo Combination Discovery as Secured emp receiving custo services and re services Financial cap development s	Integrated E apported Employ of 2 or mor sessment se ployment as pmized empl eceived exter pability/asset ervices	ployment yment rvices a result of oyment nded supp	Not E Unkn Deve employ DEmpl ort No C Unkn Bene Unkn	imployed own loped a customized ment search plan. oyer negotiation services ES services own fit planning services
Services Received:	ent	Competitive Individual Su Group Suppo Combination Discovery as Secured emp receiving custo services and re services	Integrated E apported Employ of 2 or mor sessment se oloyment as omized employ eceived exter oability/asser- ervices ning services	ployment yment e types rvices a result of oyment nded supp t t	Not E Unkn Deve employ DEmpl ort No C Unkn Dene Unkn Dene Dunkn	imployed own loped a customized ment search plan. oyer negotiation services ES services own fit planning services

Section 504 Plan:	□ Yes	□No	Unknown				
Received Voc. Rehab:	□ Yes	□No	Unknown				
*Military Service							
Are you the spouse of a	a member of the A	Armed Fc	orces who is on Activ	e Duty?	□ Yes	□No	
Are you a spouse or far	nily caregiver to a	membe	r of the armed force	s who is	□ Yes	□No	
wounded, ill or injured	and receiving trea	atment ir	n a military facility o	warrior			
transition unit?							
Are you the spouse of s	omeone in active	-duty mi	litary service, Natior	al Guard or	□ Yes	□No	
Reserves who is curren	tly activated?						
Are you the spouse of a	a veteran who has	a perma	anent, total service-c	onnected	□ Yes	□No	
disability or had the dis	ability at the time	of deat	h, or died while the o	lisability was			
in existence?							
OR							
A spouse of a service m	ember on active	duty who	o has been Missing Ir	Action (MIA),			
captured in the line of o	duty or forcibly de	etained f	or a total of more th	an 90 days?			
Are you currently in the	U.S. military or a	. Veterar	1?		□ Yes	□No	
If Yes, com	plete the Registra	tion Sup	plement form.				
Employment Status:							
Not Employed	Employed	□ Emp	loyed with a notice	of termination, 0	DR, milita	ary separation	on.
In a Registered Apprent	ticeship? 🛛 🏼 Y	es آ	□No □Did not	disclose.			
*Unemployment (UC) E	ligibility?	Claimant	Exhaustee	Neither cla	imant no	or exhaustee	ć
If Claimant, re	eferred by:	RES	EA 🛛 🖬 Not Applie	able			
*Long Term unemploye	ed (>26 consecutiv	ve weeks	;)? □Yes □	No			
Unemployed due to lay	off or termination	ו? [Yes 🛛 No		Tenure	(months):	
*If Yes, date of dislocat	ion:	Attend	led Rapid Response?	□Yes □No			
*Eligible Migrant and Seasonal Fa	armworker Status						
Seasonal Farmwor		Depende	nt Adult 🛛 🗆 MSF	W Youth			
Migrant Farmwork		Depende					
Has been employed the	past 12 months	in Farm \	work of a seasonal o	temporary nat	ure?	Yes	No
Individual travels to the	-						No
residence within the sa	-	Ji leason	ably able to return t	o his/her perha	nem		INO
	-						
Individual is a full-time			·				No
Individual is a full-time				an thair familia	-2		INo
Individual is a full-time		-			S?		INo
Is the individual particip	-	onal Farn	nworker Jobs Progra	m?		🛛 Yes 🗆	INo
If Yes, NFJP Grant							
				10 11 12			
Highest education level	Attained sec	condary s	school diploma				
	Attained sec	condary s econdary	school diploma y school equivalency				
-	Attained sec Attained a s Completed o	condary s econdary one of m	school diploma y school equivalency ore years of postsec	ondary educatic			
Highest education level	 Attained sec Attained a s Completed c Attained a p 	condary s econdary one of m postsecor	school diploma y school equivalency ore years of postsec ndary technical or vo	ondary educatic		-degree)	
Highest education level	Attained sec Attained a s Completed o Attained a p Attained an	condary s econdary one of m ostsecor Associat	school diploma y school equivalency ore years of postsec ndary technical or vo e's degree	ondary educatic		-degree)	
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Highest education level	Attained sec Attained a s Completed o Attained a p Attained a p Attained a B Attained a d No Educatio	condary s econdary one of m oostsecor Associat Bachelor's legree be onal Leve	school diploma y school equivalency ore years of postsec ndary technical or vo e's degree s degree eyond a Bachelor's d I Completed	ondary educatic cational certifica egree	ate (non-		
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Highest education level completed	Attained sec Attained a s Completed o Attained a p Attained a p Attained a n Attained a d Attained a d No Educatio The particip as a result of s In-school, Ad In-school, Po Not attendir	condary s econdary one of m oostsecor Associat achelor's legree be onal Leve ant With successfu econdary lternative ostsecon ng schoo	school diploma y school equivalency ore years of postsec ndary technical or vo e's degree s degree eyond a Bachelor's d I Completed a disability received illy completing an Ind school or less e School dary school	ondary educatic cational certifica egree a certificate of a dividualized Edu	ate (non- attendan cation Pr	ice/complet rogram (IEP)	

Receiving Education	Receiving Education Adult Education		outhBu	ild	□No
Partner Services?	Job Corps	ΠV	ocation	nal Education	Did not self-identify
eceiving any Public Assistance withi	n last 6-months (ch	eck all that	apply):		
TANF*	Applicant	Family Mer	nber	□NA/Unknown	
□SSI*	🛛 Applicant	Family Mer	nber	□NA/Unknown	
D SNAP*	🛛 Applicant	Family Mer	nber	□NA/Unknown	
General Assistance	🛛 Applicant 🗆	Family Mer	nber	□NA/Unknown	
Refugee Cash Assistance	🛛 Applicant 🗆	Family Mer	nber	□NA/Unknown	
SSDI*					
SNAP Employment & Trai	ning services				
Ticket-to-Work Holder is	sued by SSA				
Ticket-to-Work assigned	employment netwo	ork			
Barriers to Employment (check all th	ne apply):				
Homeless		Yes	□No)	
Ex-Offender		□ Yes	□No	Did not se	lf-identify (no response)
English Language Learne	r	□ Yes	□No)	
Basic Skills Deficient/Low	Levels of Literacy	□ Yes	□No)	
Runway Youth		□ Yes	□No)	
Foster Child/Foster Care	Youth	🛛 Yes, cu	rrently	Yes, aged of	out 🔍 No
Cultural Barriers		Yes	□No	Did not se	lf-identify (no response)
Exhaust TANF within 2 y	ears	Yes	□No	Not Provid	led
Single Parent (incl. single	pregnant women)	□ Yes	□No	Did not se	lf-identify (no response)
Displaced homemaker		□ Yes	□No)	

STAFF REMINDER: paper applications are to be securely stored prior to data entry into NCWO, and, immediately securely destroyed following data entry.

Additional Information:

* Denotes data validation item

WP REMOTE Participant Self-Attestation

Application Addendum

Wagner-Peyser Application Details

App ID:	
State ID:	
User ID:	
Username:	
LWIA:	
Center/Office:	
Application Date:	
Participation Date:	

Participant Attestation and Signature

Applicant Cer	rification:	
	□ No	I certify that the information on this application is accurate to the best of my knowledge.
□ YES	□ No	I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WP Program and may result in criminal action.
□ YES	□ No	I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WP.
□ YES	□ No	I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Participant Signature:

Signature Date: