



Phoenix Workforce Connection

Applicant Statement Form

Participant Information			
Applicant Name:		Last 4-digits of SSN::	

The following data elements are instances where an applicant statement is permitted when efforts have been exhausted and it has been determined that the documentation is unavailable and obtaining the documentation will cause undue hardship for the individual:

<p><u>Youth Offender</u></p> <p><input type="checkbox"/> I am a youth offender. Offense: _____</p> <p><input type="checkbox"/> I have been detained and/or incarcerated.</p> <p><input type="checkbox"/> I am or have been on probation. Probation Officer's Name: _____</p>	<p><u>Homeless/Runaway Youth</u></p> <p><input type="checkbox"/> I am homeless or a runaway youth.</p> <p><u>Pregnant/Parenting Youth</u></p> <p><input type="checkbox"/> I am a pregnant or parenting youth.</p>
<p><u>Youth who needs additional assistance</u></p> <p><input type="checkbox"/> I am a youth who needs additional assistance to complete an educational program or to secure and hold employment as determined by one of the following criteria:</p> <ul style="list-style-type: none"> Occupational Skills Deficient "At Risk" by the Local Education Agency Limited English Speaking Abilities Considered Disabled 	<p><u>School Status at Participation</u></p> <p>Highest Grade Completed: _____</p> <p><input type="checkbox"/> In School/High School or Less</p> <p><input type="checkbox"/> In School/Alternative School.</p> <p><input type="checkbox"/> In School/Post High School.</p> <p><input type="checkbox"/> Out of School/Dropout.</p> <p><input type="checkbox"/> Out of School/High School Graduate.</p>

Proof of Unemployment/Lack of Income:

I am a youth who is currently not employed and lack of income.

Individual Status/Family Size

Number in Family: _____

Names	Relationship	Names	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only: Please document verification attempts.

Self-Attestation Statement: I certify that the information given on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification, and I further realize that falsified or fraudulent information may result in the rejection of this document, subsequent termination from the WIA Program, or prosecution under the law.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age.)

Case Manager Signature: _____ Date: _____

CM Supervisor Signature: _____ Date: _____