**Waccamaw WIOA Youth, Adult and Dislocated Worker Services**

**Request for WIOA Services**

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| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City/State/Zip** |  |
| **Phone:** |  |
| **Birth Date (Youth Only):** |  |
| **County of Residence:** |  |
|  |  |
|  |  |
| **Please provide the following information regarding your request for assistance:** |
| **What type of job are you looking for?** |  |
| **Do you need training to obtain employment?** | [ ]  yes | [ ]  no |
| **Type of assistance requested:** | [ ]  tuition | [ ]  books |
| [ ]  tools | [ ]  uniforms |
| [ ]  transportation | [ ]  child care  |
| [ ]  other: | [ ]  other: |
|  |  |
|  |
| This agency does not unfairly exclude individuals from opportunities or make decisions based upon race, color, religion, national origin, political affiliation, sexual orientation, age or disability. *The completion of this application does not create entitlement to services authorized under the Workforce Innovation and Opportunity Act.*How did you hear about the WIOA program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature Date |

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