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

**Request for WIOA Services**

Top of Form

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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.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date | | |
| For Office Use Only | | |
| \_\_\_\_\_\_ Date Approved for WIOA Service    The following items have been distributed to the participant:  \_\_Resource Guide \_\_Program Info \_\_EEO forms \_\_Grievance Procedures  Date: \_\_\_\_\_\_\_\_\_\_Career Agent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_ Date Placed on Waiting List (LWIOA Approval Only)  \_\_\_\_\_\_ Date Approval Denied Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Bottom of Form