



WIOA Participant's Appointment Checklist

Adult and Dislocated Workers

___ Orientation (must also create SC WORKS profile at www.scworks.org)

___ WIN Testing (up to 3 hours)

Once all required documents have been collected and the WIN Test has been completed then:

___ Certification (1 hour)

If Eligible for WIOA then:

___ Registration/Enrollment and Career Scope Assessment (2 hours)

___ 2 Workshop (2 hours)

Work-Based Learning, Occupational Skills Training, Job Search and Reemployment

Youth (Ages 16-24) Appointment Checklist

1st Appointment

- ___ Orientation
- ___ Create profile at www.scworks.org
- ___ Schedule TABE Test

2nd Appointment

- ___ TABE Test (up to 3 hours)
- ___ Begin gathering required documentation for certification

3rd Appointment

- ___ Certification (1 hour- Must bring all required documentation)
- ___ Schedule registration, if WIOA eligible

4th Appointment

- ___ Registration/Enrollment (1 hour)
- ___ Career Scope Assessment (45 minutes)
- ___ Schedule Career Readiness Bootcamp
- ___ Schedule Tutoring (only if BSD)

Begin Bootcamp, Tutoring (if applicable), Training, and/or Work-Based Learning

Waccamaw WIOA Youth, Adult and Dislocated Worker Services
Request for WIOA Services

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?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Type of assistance requested:	<input type="checkbox"/> tuition	<input type="checkbox"/> books
	<input type="checkbox"/> tools	<input type="checkbox"/> uniforms
	<input type="checkbox"/> transportation	<input type="checkbox"/> child care
	<input type="checkbox"/> other:	<input type="checkbox"/> other:
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> How did you hear about the WIOA program? </div>		
<p>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. <i>The completion of this application does not create entitlement to services authorized under the Workforce Innovation and Opportunity Act.</i></p>		
_____ Applicant's Signature	_____ Date	



Self-Assessment of Service Needs

Name:		Last Four Digits of Social Security Numbers	
EMPLOYMENT GOAL – Short Term		EMPLOYMENT GOAL – Long Term	
Title:	Anticipated Wage	Title:	Anticipated Wage:
Please place a check by the services you believe you may need to access.			
EDUCATIONAL SERVICES		SUPPORT SERVICES	
<input type="checkbox"/> Basic Skills		<input type="checkbox"/> Referral for Child Care Assistance	
<input type="checkbox"/> GED		<input type="checkbox"/> Transportation Needs <input type="checkbox"/> No transportation	
<input type="checkbox"/> ESL		<input type="checkbox"/> Health Screening Needs	
<input type="checkbox"/> Other (specify)		Type _____ & why _____	
EMPLOYMENT/CAREER GUIDANCE SERVICES		<input type="checkbox"/> Referral for Credit Counseling	
<input type="checkbox"/> Job Search/Placement Assistance		<input type="checkbox"/> Referral for Personal/Family Counseling	
<input type="checkbox"/> Resume Development		County of Residence _____	
<input type="checkbox"/> Career Counseling/Planning		<input type="checkbox"/> Job Aids Needed	
<input type="checkbox"/> Group Counseling/Peer Support		<input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Other _____	
<input type="checkbox"/> Workshops		<input type="checkbox"/> Referral for Housing Assistance	
<input type="checkbox"/> Non-Traditional Employment Counseling		<input type="checkbox"/> Referral for TANF	
<input type="checkbox"/> Other Employment/Career Services (specify)		<input type="checkbox"/> Referral for Food Stamps/SNAP	
		<input type="checkbox"/> Referral for Legal Assistance <input type="checkbox"/> Referral for Bonding	
		<input type="checkbox"/> Other Support Needs (specify)	
JOB TRAINING SERVICES			
<input type="checkbox"/> Occupational Skills Training	<input type="checkbox"/> Skills Upgrading & Retraining	<input type="checkbox"/> Apprenticeship	
<input type="checkbox"/> On-The-Job Training	<input type="checkbox"/> Customized Training	<input type="checkbox"/> Other (specify)	

This is an initial planning document only and indicates my self-assessment of potential services I believe I need. I agree to inform my Career Specialist of why I believe I need the service I've identified. I also will let the Career Specialist know of any changes in my initial decision and will actively work with my Career Specialist to examine my skills, abilities and knowledge through an objective assessment process.

Customer Signature _____

Date _____

Career Specialist Signature _____

Date _____

RESUME BUILDER

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE: (Primary)

(Secondary)

E-mail: (Primary)

SKILLS AND ABILITIES

You must list at least 3 skills that qualify you for the positions you will be applying for. Examples are:

- Over 5 years of production and warehouse experience
- Knowledge of Microsoft Office Applications
- Basic Knowledge of Medical Terminology and Billing

1.

2.

3.

4.

5.

WORK EXPERIENCE

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

WORK EXPERIENCE

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

NAME OF COMPANY:

DATES:

CITY, STATE:

POSITION:

JOB DUTIES: (you must list at least 3)

1.

2.

3.

EDUCATION

COLLEGE/HIGH SCHOOL:

DATES:

CITY, STATE:

DEGREE/DIPLOMA RECEIVED:

COLLEGE/HIGH SCHOOL:

CITY, STATE:

DEGREE/DIPLOMA RECEIVED:

ADDITIONAL INFORMATION



WIOA Eligibility Documentation Checklist

It is our goal to provide the best quality service and in order to ensure a smooth determination process; we ask that you use this checklist to prevent a delay in your eligibility process. As a federally funded employment and training program, the following types of documentation will be required if you wish to receive the full range of WIOA service.

Please bring the following documents when you return for the scheduled WIOA Certification Appointment if you are interested in the full range of re-employment services.

Right to Work <i>Please bring ONE of the following documents:</i> <ul style="list-style-type: none">- Driver's License- Passport- Naturalization Certification- Alien Registration Card- Foreign Passport (Stamped eligible to work)	Selective Service (<i>Males born on or after Jan. 1, 1960</i>) <i>Please bring ONE of the following:</i> <ul style="list-style-type: none">- DD214- Internet Verification (www.sss.gov)- Not Applicable (Females)- Other:
Social Security Number <i>Please bring ONE of the following documents:</i> <ul style="list-style-type: none">- Social Security Card- DD214 (Veteran's Only)- Employment Records/UI- Social Security Benefits- W2 Form	Dislocated Worker's <i>You must fit into one of the following numbered categories and provide documentation for each item within the category:</i> <ol style="list-style-type: none">1. Notice of Layoff and monetary determination or proof of unemployment benefits and unlikely to return to previous industry or occupation.2. Notice of permanent closure3. Self-employed and unemployed as a result of natural disaster or general economic conditions in the community where you reside4. Displaced homemaker who has been providing unpaid services to family members in the home and who has been dependent on income from another family member but is no longer supported by that income and is unemployed or underemployed while experiencing difficulty upgrading or obtaining employment.
Other Required Documents: <ol style="list-style-type: none">1. All sources of income for yourself and all other IMMEDIATE family members in household for the last 6 months (if employed).2. Documentation of highest level of education (HS Diploma, GED; AS/AA Degree; BA/BS Degree)3. Contact information for TWO alternate contacts (Name, address, phone number)4. DSS printout if receiving SNAP (food stamps); SSDI; FI (TANF).5. Utility bill with updated address, IF different from driver's license.6. Documentation showing status of any student loans.7. Youth aged 16-24: documentation of pregnant or parenting, homeless, foster care, offender status, drop-out if applicable.	