**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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