



Southeast Ohio
 Monroe, Morgan, Noble &
 Washington Counties
 A proud partner of the
 American Job Center network

OMJ CENTER REGISTRATION FORM

(rev. 9/2019)

Welcome to our center! Please complete the following information by PRINTING legibly. The information is used to determine how our staff may assist you and allows you full access to center resources.

All information is kept **CONFIDENTIAL**.

How did you hear about us?	First Name	M.I.	Last Name
Street/Mailing Address		City, State, and Zip	
County			
Date of Birth: / /	Are you a veteran? Yes (Thank you for your service!) No	Email Address: _____	
Current Age: _____	Are you a spouse/family caregiver of a veteran? Yes No	Phone #: _____	
Gender Male - Female	If "yes", Branch of Service: _____	Emergency Contact Person: _____	
	Dates of Service: _____	Contact Person Phone #: _____	
	Discharge Type: _____		

What brings you into our center today? (check all that applies)

<input type="checkbox"/> Help with a resume'	<input type="checkbox"/> Financial Aid for School/Training	<input type="checkbox"/> Help with Unemployment Requirements
<input type="checkbox"/> Job postings	<input type="checkbox"/> Info on Aspire(GED/other)	<input type="checkbox"/> Info on WIOA Programs
<input type="checkbox"/> Computer access	<input type="checkbox"/> Info on Veteran Services	<input type="checkbox"/> OTHER REASON(S) FOR VISIT: _____
<input type="checkbox"/> Copier/Printer Access	<input type="checkbox"/> Info on Disabilities Programs	_____
<input type="checkbox"/> Phone and/or Fax	<input type="checkbox"/> Info on Senior Aid Programs	_____

Please circle the OhioMeansJobs Center location that you are seeking service from:

Monroe County OMJ
 100 Home Avenue
 Woodsfield, OH 43793
 (740) 472-1602

Morgan County – OMJ
 155 East Main, Lower Level
 McConnelsville, OH 43756
 (740) 962-2519

Noble County – OMJ
 46049 Marietta Rd
 Caldwell, OH 43724
 (740) 732-2392

Washington Co. - OMJ
 1115 Gilman Ave., Ste B
 Marietta, OH 45750
 (740) 434-0758

I _____, agree that the staff of the Ohio Means Jobs (OMJ) Center may exchange and disclose information on me in order to make determination of my eligibility for benefits and/or services provided by programs under the partner agencies.

Signature: _____ **Date:** _____

OWCMS Mini Registration Completed? Yes No **Center Staff Initials:** _____

ELIGIBILITY/CAREER SERVICES: The following is used to determine additional services you may qualify for.

<p>Are you legally authorized to work in the U.S.? Yes No</p> <p>Are you registered for Selective Service (males only, born on or after 1/1/1960)? Yes No Exempt If yes, SSR#: _____</p>	<p>Do you have a valid driver's license? Yes No</p> <p>State of License: _____</p> <p>Endorsements? <input type="checkbox"/> Commercial; <input type="checkbox"/> CDL-A; <input type="checkbox"/> CDL-B; <input type="checkbox"/> CDL-C</p>	<p>Are you married? Yes No If "yes", is spouse working? Yes No</p> <p>How many are living in the household? _____</p> <p>Estimated Household Income past 6 months: (gross before taxes are taken out) \$ _____</p>
<p>Is your Ethnicity Hispanic or Latino? (Optional) Yes No</p>	<p>Race: (Optional) <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian; White; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Other</p> <p>Is English your Native or Primary Language? Yes No Other: _____</p>	
<p>Are you currently employed? Yes No If yes: # Hrs/Week: _____ Hrly rate: \$ _____/hour</p> <p>Have you been laid off or notified of a layoff or let go? Yes No</p> <p>Are you receiving or exhausted unemployment compensation? Yes No If yes to either, last date of Employment: _____; Tenure with company? _____ (months) Employer Name: _____ Address: _____ Job Title/Position: _____; Last Hourly Wage Paid: _____</p>		
<p>Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>Circle Diploma/Degrees attained: High School Diploma/GED; Associates; Bachelor; Masters; Doctoral</p> <p>Are you currently a student? Yes No If "yes", School Attending: _____ Are you in default of a student loan? Yes No Are you receiving a student loan? Y N Are you receiving PELL? Y N</p>	<p>Do you receive or in the past "6 months" have received or is a member of a family that has received:</p> <p><input type="checkbox"/> SNAP (food stamps) or TANF <input type="checkbox"/> Medical Card <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Public Assistance: _____</p>	
<p>Please circle if you have any of these barriers: an offender (misdemeanor or felony); a school dropout; homeless; pregnant or parenting; have a disability; runaway; limited English proficiency; and/or current/past foster child; other: _____</p>		
<p>By signing, I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, may be grounds for immediate termination and/or penalties as specified by law. I authorize and direct any federal, state or local agency, organization, business or individual to release and verify information needed to process my eligibility to participate and/or to maintain my continued assistance. I also consent for OMJ Staff to release information from my file for the purpose of obtaining services. I further authorize the OMJ staff to use my social security number & address for any service that I receive. I also authorize agencies from whom information is needed to release such information to OMJ staff. I agree center staff & partners may verify information regarding any employment gained.</p>		
<p>Applicant Name (Printed): _____ Social Security #: _____</p> <p>Applicant Signature: _____ Date: _____</p> <p>If under 18, Parent/Guardian Signature: _____ Date: _____</p>		
<p>Enrollment Date in OWCMS/Career Services: _____</p>		
<p>Funding Sources Enrolled: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other: _____</p> <p>Staff Signature: _____ Date: _____</p>		

Add'l Eligibility

APPLICANT NAME: _____ DATE: _____

DEPENDENCY STATUS REVIEW: Dependent status must be documented for all WIOA Adults, ages 18-24, who are applying for WIOA funded individual training accounts (ITAs).

A.	If 18-24, a participant is “ independent ” if answering YES to any question below and providing documentation:		
	Yes	No	Are you married (including separated, but not divorced)?
	Yes	No	Do you live in your own residence or in a residence without financial or other support from parents/guardians?
	Yes	No	Are you a veteran of the U.S. armed forces?
B.	Use worksheet to document support for below questions:		
	Yes	No	Do you provide more than half of your own support?
	Yes	No	Do you have children that receive more than half of their support from you?
	Yes	No	Do you have other dependents that receive more than half of their support from you?

I hereby certify that all information contained in this application for independent status, including the personal statement and documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my change in dependency status will be denied, as well as my eligibility for WIOA financial aid may be denied or terminated.

WORKSHEET DOCUMENTING SUPPORT

Expenses: Please describe here what your average monthly expenses are and how they are covered. The types of expenses are listed in the first column. In the second column, fill in the amount that is paid monthly for each expense category. In the third column, give the name of the person who pays the expense or provides the item for you and their relationship to you. If you pay the cost, enter self in the third column. If your entries require clarification, please attach a separate sheet of paper with the information

Type of Expense	What it costs per month	Who pays it or provides it
1. Housing		
2. Utilities (average per month)		
3. Food		
4. Clothing		
5. Tuition, books, & supplies		
6. Transportation: What type? (car, bus, bike, car insurance, etc.)		
7. Medical: What type? (medicine, office visits, insurance, etc.)		
8. Miscellaneous/Other		

Income: You must describe here what your average monthly income is and from what sources you receive it.

Type of Income	Amount per month of Income	Source of Income
1. Work		
2. Cash (i.e.: allowances) from outside resources (parents, family, friends, etc.)		
3. Other: What type?		

Applicant Signature

Date

Add'l Eligibility

APPLICANT NAME: _____ **DATE:** _____

HOUSEHOLD SIZE AND INCOME: For the previous 6 months list those in the household who are related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories: Two spouses and dependent children; a parent or guardian and dependent children; two spouses. Those who meet the definition of homeless, foster child, or individual with a disability are considered household of "1" with supporting documentation.

Six Month Period: Beginning _____ Ending _____

Name	Relationship	Age	Dates To/From	Source of Income	Excluded Income	Included Income (gross)
	applicant					
(A) TOTAL APPLICANT'S "INDIVIDUAL" INCLUDABLE INCOME FOR PRIOR 6 MONTHS						\$
(B) TOTAL HOUSEHOLD INCLUDABLE INCOME FOR PRIOR 6 MONTHS						\$
(C) HOUSEHOLD SIZE						

	200% LLSIL (Adult/DW)	Other:	Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the <input type="checkbox"/> supplemental nutrition assistance program (SNAP), <input type="checkbox"/> temporary assistance for needy families (TANF), or the <input type="checkbox"/> supplemental security income (SSI) or <input type="checkbox"/> local income-based public assistance
From income chart, 6 Month Cap for applicant's (C) Household Size.	\$	\$	
Is applicant below income guideline?	Yes No	Yes No	<input type="checkbox"/> Yes (automatically low income, eligible) <input type="checkbox"/> No

ELIGIBILITY FOR WIOA ADULT

Yes No **Is the Adult applicant based on “Individual” income Self-Sufficient?** Using Page 4 Item (C) of “HOUSEHOLD SIZE AND INCOME”, an adult whose “individual” income exceeds 200% of the Lower Living Income Standard Level (LLSIL) is considered to be self-sufficient and may receive “Career Services” only.

Yes No **Is the Adult applicant based on “Family” income Self-Sufficient?** Using Page 4 Item (C) of “HOUSEHOLD SIZE AND INCOME”, an adult whose “household” income exceeds 200% of the Lower Living Income Standard Level (LLSIL) is considered to be family self-sufficient and is not eligible for services through an Individual Training Account (ITAs). Other WIOA services may be provided, as appropriate.

Yes No N/A **Does the applicant meet one of the criteria for priority?** If the county has a waiting list for ITAs, priority of Service for career and training services funded by and provided through the adult program shall be given to the following groups; one of the following **MUST** be marked:

- recipients of public assistance, other low-income individuals OR
- individual who is basic skills deficient

ELIGIBILITY FOR WIOA DISLOCATED WORKER

Yes No N/A **If employed, is the employment “interim employment”?** Employment is considered to be interim normally if the salary is below the salary of the DW’s primary occupation; and/or if the DW is working under the skill level of his/her customary occupation; and/or if the interim employment does provide a sufficient wage temporarily but is not considered permanent employment that leads to self-sufficiency (e.g., job with temp agency).
STOP If “yes” (interim employment), the individual is considered unemployed and entered into OWCMS as so.
CONTINUE If “no” (not interim employment), determination of self-sufficiency must be reviewed for eligibility. Complete following question:

Yes No N/A **If employed and not interim employment, is the Dislocated Worker Self-Sufficient?** An individual (based on the size of the household) who is earning an income annualized being greater than 200% of the LLSIL to support the family size or employed at the Dislocated Workers Layoff wage, whichever is greater. *“When determining wage for self-sufficiency, all income is considered, including alimony, rental income, worker’s compensation, net receipts from farm self-employment, regular payments from pension or retirement system, regular payments from social security disability insurance (RSDI), etc” Per email of Julie Wart dated 4/13/16; see WIOAPL 15-09 and OVER Policy Letter No. 6-15 for further guidance.*

 Terminated or Laid Off, or Received a Notice of Termination or Layoff from Employment

- Has been terminated or laid off or has received a notice of termination or layoff from employment; AND One of these 2 must be checked:
- Is eligible for or has exhausted entitlement to unemployment compensation; OR
- Has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a state unemployment compensation law; AND
- Is “unlikely to return” to a previous industry or occupation.

Justification for “unlikely to return” to previous Industry or Occupation Form WIOA Policy Letter No. 15-02: Unlikely to return to previous industry or occupation: An individual who is

Eligibility for Dislocated Worker – Continued:

laid off and falls into one of the following categories... **Mark the one that applies & provide documentation.**

- The number of jobs in the applicant's previous industry/occupation is declining based on Labor Market Information (LMI) data;
- The projected annual increase in employment growth within the local area based on LMI or O*Net is fewer than 100 jobs in the previous industry (including replacements) or the projected annual increase in growth openings is fewer than 30 jobs in the previous occupation;
- The applicant is dislocated from a job not found on the most recent local or state list of demand occupations (if applicable);
- The applicant has conducted a dedicated but unsuccessful job search in the previous industry/occupation, as evidenced by employer rejection letters or employer contact logs;
- Evidence, preferably from several sources including OhioMeansJobs.com, professional journals, etc., of few openings in the previous industry or occupation; or
- The applicant is unable to perform the duties of the previous job due to age, ability, or disability (as defined in this section).
- The applicant has been either permanently or temporarily dislocated from a job as a result of a COVID-19 related shutdown or layoff.

- Reemployment Services and Eligibility Assessment (RESEA) and Unemployment Compensation Reemployment Services (UCRS).** The Ohio Job Insurance (OJI) system selects claimants who have no return to work date, are not job attached, have received a first UC payment, and were previously employed in a declining industry for participation in both programs. These selected claimants are considered to be unlikely to return to their previous occupations or industries.
- Trade Eligible.** Applicants are considered to be dislocated workers under Category A when the affected worker provides a copy of the petition approval letter or a screen shot from the "Program Data" tab on "Basic Intake" from the Ohio Workforce Case Management System (OWCMS) indicating that the individual is trade eligible.
- Locked-out Workers.** Locked-out workers are considered to be dislocated worker under Category A when an ODJFS Office of Unemployment Compensation hearing officer has issued a determination that a lockout exists. The listing of ODJFS Unemployment Compensation lockouts can be found at: http://jfs.ohio.gov/owd/WorkforceProf/policy_info.stm .
- Buyouts and Forced or Early Retirements.** Workers who receive buyouts or who are forced to retire are considered dislocated workers under Category A when all of the following conditions are met. Workers in the situation listed are considered to be preserving the jobs for employees with less seniority. The employer has offered a buyout or early retirement or forced an early retirement as a means to reduce its workforce by providing a financial incentive for long-term (and therefore better paid) workers to leave their employment; **and** The participating workers would not be voluntarily leaving their positions or retiring from employment at this time; and The worker is eligible for Unemployment Insurance (UI); **and** Is unlikely to return to a previous industry or occupation.
- Transitioning Service Members and Recently Separated Veterans.** Dislocated worker funds can help transitioning service members or recently separated veterans enter or reenter the civilian labor force. If the transitioning service member or the recently separated veteran is separating from the Armed Forces with a discharge that is anything other than dishonorable, the transitioning service member or recently separated veteran qualifies for dislocated worker activities based on the following criteria: The transitioning service member or recently separated veteran has received a notice of separation, a DD-214 from the Department of Defense, or other documentation showing a separation or imminent separation from the Armed Forces to satisfy the termination or layoff part of the dislocated worker eligibility criteria; The transitioning service member or recently separated veteran qualifies for the dislocated worker eligibility criteria on eligibility for or exhaustion of unemployment compensation; **and** As a transitioning service member or recently separated veteran service member, the individual meets the dislocated worker eligibility criteria that the individual is unlikely to return to a previous industry or occupation.

Eligibility for Dislocated Worker – Continued:

- Plant Closure or Substantial Layoff.** Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of or any substantial layoff (at least 25% of employees, or at least 50 employees) at a plant, facility, or enterprise; **OR** Is employed at a facility where employer has made a general announcement that such facility will close within 180 days; **OR** For purposes of eligibility to receive services other than training services described in section 134(c)(3) of WIOA, career services described in section 134(c)(2)(A)(xii) of WIOA, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.
- Self-Employed Individual.** Was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of natural disasters; **COVID-19** or general economic conditions in the community where the individual resides.
- Displaced Homemaker.** An individual who has been providing unpaid services to family members in the home and who: Is unemployed or underemployed & is experiencing difficulty in obtaining or upgrading employment; **AND** Has been dependent on the income of another family member, but is no longer supported by that income; **OR** Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment; a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) Title 10, United States Code; a permanent change of station; or a service-connected death or disability.
- Military Spouse.** Is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty state of such member; **OR** Is the spouse of a member of the Armed Forces on active duty and who meets the criteria of a displaced homemaker who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

*******Signatures*******

I certify to the best of my knowledge the information on this application is true and accurate. I understand that all information is subject to verification and falsification shall be grounds for termination and may subject the applicant to prosecution under the law. I have been advised of the training services, in addition to supportive services available while I am participating in the various programs; I understand that I am required to notify program staff whenever changes in circumstances require new or revised services; I understand that services arranged or provided must be authorized by program officials;

____ (initial) **Release of Information** I authorize the agency to release this information to any appropriate employers, training providers, and/or other agencies for the purpose of obtaining training and/or services; and I agree to follow through and to take maximum advantage of the opportunities made available to me by this program and other Ohio Means Jobs Partner Programs. I also authorize agencies from whom information is needed to release such information to this agency.

Participation in this WIOA Program does not create an entitlement to services and nothing in the Act or in this part shall be construed to establish a private right of action for a participant to obtain services described in the plan. WIOA may only pay for classes that are on the State's approved Training Provider List and in an in-demand occupation. Applicants holding a degree or certificate in a demand occupational field generally will not be enrolled in training. These participants are considered "Job Ready" and will be referred to Job Search. Upgrading skills in a demand occupational field may be approved at the discretion of the WIOA Staff and/or WIOA Program Operator.

APPLICANT'S SIGNATURE

Date

INTERVIEWER'S SIGNATURE

Date