_		
	Eligibilit	
/ _ \	1-116.11.01111	N'A
		~ 4

<b>APPLICANT NAME:</b>	AGE:	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 part	icipant 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?	
В.	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?	

**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

your entries require clarification, p	lease attach a separa	ate sheet of paper	with the information
Type of Expense	Monthly Total	Applicant Share	Other Family Share
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. Other/What?			
TOTAL(is applicant 50% or more?			
Income: You must describe here what you	ir average monthly in	come is and from	what sources you receive it.
Source of Income			
Work			
Other/What?			
TOTAL compare to income elig .& must	cover exp above		

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.

	<u></u>
Applicant Signature	Date

Add'l Eligibility APPLICANT NAME:AGE:DATE:	Add'l Eligibility	APPLICANT NAME:	AGE:	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	<b>Month Period:</b> B	Beginnin	g		Ending		
Name	Relationship	Age	Dates To/F	rom	Source of Income	Excluded Income	Included Income (gross)
	applicant						
	(A	) TOTAI	_ APPLICANT'S '	"INDIVIDU	JAL" INCLUDABLE INCOME F	FOR PRIOR 6 MONTHS	\$
			(B) TOTAL	HOUSEH	OLD INCLUDABLE INCOME F	FOR PRIOR 6 MONTHS	\$
					(	(C) HOUSEHOLD SIZE	
200% LLSIL (Adult/DW)	Self = (A)	Ho	usehold = (B)	receiving	s, or in the past 6 months has rec	eived, assistance through	the supplemental
From income chart, 6 Month Cap for household size>	Training \$	\$	ITA		assistance program (SNAP), [ , or the supplemental secures sistance		

Yes (automatically low income, eligible)

Is applicant below

income guideline?

Yes

No

Yes

No

Add'l Elig	ibility	APPLICANT NAME:	AGE:	DATE:
ELIGIBILITY FO	OR WIO	A ADULT		
☐ Yes ☐No	" <u>individu</u>	Adult applicant based on "Individual" income Se ual" income exceeds 200% of the Lower Living Inco ficient and may receive "Career Services" only.		
☐ Yes ☐No	SIZE AN Standar	Adult applicant based on "Family" income Self-SND INCOME", an adult whose "household" income of Level (LLSIL) is considered to be family self-sufficial Training Account (ITAs). Other WIOA services in	exceeds 200% of the cient and is not eligib	Lower Living Income le for services through an
☐Yes ☐No☐	□ N/A	Does the applicant meet one of the criteria for process that applicant meet one of the criteria for process. ITAs, priority of Service for career and training set adult program shall be given to the following granked:  □ recipients of public assistance, other low-ir □ individual who is basic skills deficient	ervices funded by a groups; one of the fo	nd provided through the ollowing MUST be
ELIGIBILITY FO	OR WIO	A DISLOCATED WORKER		
☐ Yes ☐ No ☐	⊒n/a	If employed, is the employment "interim employinterim normally if the salary is below the salary the DW is working under the skill level of his/her cuemployment does provide a sufficient wage tempor employment that leads to self-sufficiency (e.g., job STOP If "yes" (interim employment), the individua OWCMS as so.  CONTINUE If "no" (not interim employment), deterior eligibility. Complete following question:	of the DW's primary oustomary occupation; rarily but is not considered unem	occupation; and/or if and/or if and/or if the interim dered permanent ployed and entered into
□Yes □ No □	⊒n/a	If <u>employed</u> and <u>not interim</u> employment, is the individual (based on the size of the household) who greater than 200% of the LLSIL to support the fami Layoff wage, whichever is greater. "When determir considered, including alimony, rental income, work employment, regular payments from pension or ret security disability insurance (RSDI), etc" Per email 09 and OVER Policy Letter No. 6-15 for further guid	o is earning an incom ily size or employed a ning wage for self-suf ter's compensation, n tirement system, regu of Julie Wart dated 4	te annualized being at the Dislocated Workers fficiency, all income is et receipts from farm self- ular payments from social
☐ Has be On ☐ Is eligi ☐ Has be unemp were n	en termine of these ble for of the employment of coversikely to	nated or laid off or has received a notice of termination nated or laid off or has received a notice of termination as 2 must be checked: or has exhausted entitlement to unemployment compoyed for a duration sufficient to demonstrate attached compensation due to insufficient earnings or having ed under a state unemployment compensation law; return" to a previous industry or occupation.	ntion or layoff from en pensation; OR ment to the workforce ag performed services AND	mployment; AND e, but is not eligible for for an employer that
		ation for "unlikely to return" to previous Indust 02: Unlikely to return to previous industry or occup		

Add'l	Eliai	ibilitv
Add		

APPLICANT NAME: \_\_\_\_\_AGE: \_

٨	$\boldsymbol{C}$	Τ.
А	T T	7,5

DATE:

## **Eligibility for Dislocated Worker – Continued:**

laid off and falls into one of the following categories Mark the one that applies & provide documentation.
<ul> <li>□ The number of jobs in the applicant's previous industry/occupation is declining based on Labor Market Information (LMI) data;</li> <li>□ The projected annual increase in employment growth within the local area based on LMI or O*Net is</li> </ul>
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
<ul> <li>occupations (if applicable);</li> <li>□ 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;</li> <li>□ Evidence, preferably from several sources including OhioMeansJobs.com, professional journals, etc., of few openings in the previous industry or occupation; or</li> <li>□ The applicant is unable to perform the duties of the previous job due to age, ability, or disability (as</li> </ul>
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.
<u>Reemployment Services and Eligibility Assessment (RESEA)</u> 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.
<u>Trade Eligible</u> . 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.
<u>Locked-out Workers</u> . 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: <a href="http://jfs.ohio.gov/owd/WorkforceProf/policy_info.stm">http://jfs.ohio.gov/owd/WorkforceProf/policy_info.stm</a> .
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.

A	dd'l Eligibility	APPLICANT NAME:	AGE:	DATE:
Elig	gibility for Dislocated	d Worker – Continued:		
	layoff, from employr or at least 50 employ general announceme other than training se 134(c)(2)(A)(xii) of	Substantial Layoff. Has been terminent as a result of any permanent closurees) at a plant, facility, or enterprise; Count that such facility will close within 18 dervices described in section 134(c)(3) of WIOA, or supportive services, is employed that such facility will close.	The of or any substantial layoff (DR Is employed at a facility who so days; OR For purposes of elef WIOA, career services described.	at least 25% of employees, ere employer has made a gibility to receive services ibed in section
		<b>dividual.</b> Was self-employed (including a result of natural disasters; <b>COVID</b> -1 resides.		
	and who: Is unemplote AND Has been deperment sport reduced because of a	naker. An individual who has been proposed or underemployed & is experienced and indent on the income of another family use of a member of the Armed Forces of deployment; a call or order to active delo, United States Code; a permanent characteristics.	ing difficulty in obtaining or up member, but is no longer suppo on active duty and whose family uty pursuant to a provision of la	grading employment; orted by that income; <b>OR</b> or income is significantly haw referred to in section
	title 10, United State accommodate a perm on active duty and w	Is the spouse of a member of the Armer's Code), and who has experienced a los nanent change in duty state of such mer'ho meets the criteria of a displaced hor lty in obtaining or upgrading employme	ss of employment as a direct resember; <b>OR</b> Is the spouse of a memaker who is unemployed or	sult of relocation to ember of the Armed Forces
		******Signatu	res ******	
info app serv pro	ormation is subject to dicant to prosecution vices available while gram staff whenever	y knowledge the information on this overification and falsification shall be under the law. I have been advised I am participating in the various prochanges in circumstances require nearts be authorized by program officia	e grounds for termination and of the training services, in ad- grams; I understand that I an ew or revised services; I under	l may subject the dition to supportive n required to notify
agr pro	oloyers, training provee to follow through gram and other Ohio	Information I authorize the agency viders, and/or other agencies for the and to take maximum advantage of to Means Jobs Partner Programs. I and formation to this agency.	purpose of obtaining training the opportunities made availa	and/or services; and I ble to me by this
par	t shall be construed t	OA Program does not create an entit to establish a private right of action f	or a participant to obtain serv	vices described in the

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 indemand 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.

\_\_\_\_\_

Add'l	Elic	iibil	lity
	_		

	•	7		
Λ.		·	н.	•

DATE:

# 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

SIZE OF FAMILY UNIT	POVERTY GUIDELINES
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person. ------

### 2023 LOWER LIVING STANDARD INCOME LEVEL (LLSIL) FOR OHIO

This issuance provides an annual LLSIL for 2023, and a reference to the 2023 Health and Human Services (HHS) "Poverty Guidelines". Use of these income figures are meant only for the purpose of meeting specific requirements of the Workforce Innovation and Opportunity Act (WIOA) as defined by statute and regulations.

In terms of Census Region jurisdictions, Ohio is in the Midwest. Ohio is divided into three areas for purposes of income level data: one Metropolitan Area, a Non-Metropolitan area, and two Metropolitan Statistical Areas (MSAs). The two MSAs are Cleveland-Akron and Cincinnati Hamilton.

#### **METRO**

Allen	Delaware	Jefferson	Mahoning	Stark
Auglaize	Fairfield	Lawrence	Miami	Trumbull
Belmont	Franklin	Licking	Montgomery	Union
Carroll	Fulton	Lucas	Pickaway	Washington
Clark	Green	Madison	Richland	Wood

#### **NON-METRO**

Adams	Darke	Henry	Meigs	Perry	Tuscarawas
-------	-------	-------	-------	-------	------------

Add'l	Elia	iibility
Auu		

ADDE	T C A 3 TES	37436
APPI	ACANT	NAME:

DATE:

# 2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

SIZE OF FAMILY UNIT	POVERTY GUIDELINES
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person. ------

### 2023 LOWER LIVING STANDARD INCOME LEVEL (LLSIL) FOR OHIO

This issuance provides an annual LLSIL for 2023, and a reference to the 2023 Health and Human Services (HHS) "Poverty Guidelines". Use of these income figures are meant only for the purpose of meeting specific requirements of the Workforce Innovation and Opportunity Act (WIOA) as defined by statute and regulations.

In terms of Census Region jurisdictions, Ohio is in the Midwest. Ohio is divided into three areas for purposes of income level data: one Metropolitan Area, a Non-Metropolitan area, and two Metropolitan Statistical Areas (MSAs). The two MSAs are Cleveland-Akron and Cincinnati Hamilton.

#### **METRO**

Allen	Delaware	Jefferson	Mahoning	Stark
Auglaize	Fairfield	Lawrence	Miami	Trumbull
Belmont	Franklin	Licking	Montgomery	Union
Carroll	Fulton	Lucas	Pickaway	Washington
Clark	Green	Madison	Richland	Wood

#### **NON-METRO**

Adams Darke H	Henry Meigs	Perry	Tuscarawas
---------------	-------------	-------	------------

## Add'l Eligibility

<b>APPLICAN</b>	TN	MF.
APPLICAN	$\square$	

^	- H	•
$\overline{}$	<b>TI</b>	

Ashland	Defiance	Highland	Mercer	Pike	Van Wert
Athens	Erie	Hocking	Monroe	Preble	Vinton
Brown	Fayette	Holmes	Morgan	Putnam	Wayne
Champaign	Gallia	Huron	Morrow	Ross	Williams
Clinton	Guernsey	Jackson	Muskingum	Sandusky	Wyandot
Columbiana	Hancock	Knox	Noble	Scioto	
Coshocton	Hardin	Logan	Ottawa	Seneca	
Crawford	Harrison	Marion	Paulding	Shelby	

#### **CINCINNATI-HAMILTON MSA**

Butler Cle	ermont	Hamilton	Warren
------------	--------	----------	--------

Page 1 of 2

#### **CLEVELAND-AKRON MSA**

Ashtabula	Geauga	Lorain	Portage
Cuyahoga	Lake	Medina	Summit

# LOWER LIVING STANDARD INCOME LEVEL (LLSIL) BY REGION (FOR A FAMILY OF FOUR)

REGION	2023 ADJUSTED LLSIL	2023 70% LLSIL	
Midwest Metro	\$44,089	\$30,863	
Midwest Non-Metro	\$42,318	\$29,623	
Cincinnati-Hamilton MSA	\$40,723	\$28,506	
Cleveland-Akron MSA	\$41,585	\$29,109	

The table below depicts the dollar amounts at 70 percent of the 2023 LLSIL, for household sizes of one through six. The increment (**INC**) column indicates the dollar amount to add per an individual for households of seven or more, when determining 70 percent of the LLSIL.

The amounts in parentheses, are lower than the respective poverty guideline figures listed in the first table above, and the poverty data are to be used in those cases.

_		
Add'l	H = H + r	۹
	 11011111	١
		١.

### 70 PERCENT OF UPDATED 2023 LOWER LIVING STANDARD INCOME LEVEL (LLSIL) BY FAMILY SIZE

	1	2	3	4	5	6	INC
Midwest Metro	(\$11,112)	(\$18,214)	\$25,000	\$30,863	\$36,419	\$42,600	\$6,181
Midwest Non-Metro	(\$10,674)	(\$17,478)	(\$23,997)	(\$29,623)	\$34,965	\$40,889	\$5,924
Cincinnati MSA	(\$10,265)	(\$16,825)	(\$23,097)	(\$28,506)	(\$33,642)	(\$39,342)	\$5,700
Cleveland MSA	(\$10,482)	(\$17,182)	(\$23,581)	(\$29,109)	(\$34,354)	(\$40,171)	\$5,817