

Trade/WIOA Standard Application

Applicant Definition			
Statutory Program: <input type="checkbox"/> WIOA <input type="checkbox"/> TAA/NAFTA		Contact Date: / /	
Petition Program TAA (2002): <input type="checkbox"/>	<input type="checkbox"/> Petition Program TGAAA (2009):	Petition Program TAAEA (2011): <input type="checkbox"/>	Petition Program TAARA (2015): <input type="checkbox"/>
LWDA#/ETC:		Illinois workNet Center:	
Case Manager:		Partner:	

Applicant Contact Information			
Last Name:		First Name:	Middle Initial:
Street Address (Residence):			Apt.:
City:	State:	8. Zip:	
Phone Number(s): Home () -		Work () - ext.	Cell () -
Email:		County (for in-state addresses):	

Establishment and Maintenance of Trade Act Eligibility	
Petition Number:	Date Received Notice of Layoff: / /
Certification Date: / /	Separated from Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Amended Cert. Date: / /	Separation Date: / /
Petition Impact Date: / /	Was Trade Rapid Response Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Petition Expiration Date: / /	If Yes, Date of Last Rapid Response: / /
Date BRO Signed: / /	Meets TRA Eligibility Deadlines: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Contacts			
Additional Contact Information: (please provide 2)			
Last Name:		First Name:	Middle Initial:
Street Address (Residence):			Apt.:
City:	State:	Zip:	
Phone Number(s): Home () -		Work () - ext.	Cell () -
Email:		County (for in-state addresses):	
Relationship to Customer:			
Last Name:		First Name:	Middle Initial:
Street Address (Residence):			Apt.:
City:	State:	Zip:	
Phone Number(s): Home () -		Work () - ext.	Cell () -
Email:		County (for in-state addresses):	
Relationship to Customer:			

Private Information	
Social Security Number:	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Birth Date: / /
	Mother's Maiden Name:

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<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Island <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Answer	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Authorized to Work in US: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiration Date: / / Selective Service Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes enter the Selective Service #:								
Disability Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer. If Yes, complete both columns to the right	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Disability Status</u></td> <td style="border: none;"><u>Category of Disability:</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disability Affecting Employment</td> <td style="border: none;"><input type="checkbox"/> Physical Impairment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Learning Disability</td> <td style="border: none;"><input type="checkbox"/> Mental Impairment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Developmental Disability</td> <td style="border: none;"><input type="checkbox"/> Both</td> </tr> </table>	<u>Disability Status</u>	<u>Category of Disability:</u>	<input type="checkbox"/> Disability Affecting Employment	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Impairment	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Both
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Veterans Information	
Veteran Status: <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Qualified Spouse of a Veteran <input type="checkbox"/> Transitioning Service Member	
The rest of this section applies only to Veterans and Qualified Spouses	
If Yes, List Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> U.S. Marines	Dates of Service: From: / / to / / Nature of Military Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Less than Honorable <input type="checkbox"/> Service Connected Disability
Service Connected Disability: <input type="checkbox"/> No <input type="checkbox"/> Disabled Vet <input type="checkbox"/> Special Disabled Vet	Armed Forces Campaign or Expeditionary Medal: <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizen At Time of Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has acceptable documentation been used and retained when Veteran or Qualified Spouse of a Veteran or Transitioning Service Member is claimed?: (D.D. 214) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Concurrent Programs	
Also Receiving Services From:	
Adult Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Wagner-Peyser <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Corps <input type="checkbox"/> Yes <input type="checkbox"/> No	Title V Activities (OAA) <input type="checkbox"/> Yes <input type="checkbox"/> No
Farmworker Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Community Svc Block Grant Program <input type="checkbox"/> Yes <input type="checkbox"/> No
Native American Program <input type="checkbox"/> Yes <input type="checkbox"/> No	HUD Program <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran's Workforce Programs <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's DVOP/LVER <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade Adjustment Act <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Non-WIOA Program <input type="checkbox"/> Yes <input type="checkbox"/> No
NAFTA-Trade Act <input type="checkbox"/> Yes <input type="checkbox"/> No	Both Vocational Rehabilitation and Vocational Rehabilitation + Education <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No	List Other Public Assistance:

Education Status	
Highest Grade Completed: (Check only the one that best describes your education completion status)	
<input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> H.S. Freshman <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> H.S. Sophomore <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> H.S. Junior <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> H.S. Senior - No Diploma <input type="checkbox"/> 8 <input type="checkbox"/> H.S. Senior - with Diploma	<input type="checkbox"/> Certificate of Attendance/Completion <input type="checkbox"/> Other Post Secondary <input type="checkbox"/> College Freshman <input type="checkbox"/> Associate Degree <input type="checkbox"/> College Sophomore <input type="checkbox"/> Bachelors <input type="checkbox"/> College Junior <input type="checkbox"/> Masters <input type="checkbox"/> College Senior <input type="checkbox"/> Doctorate <input type="checkbox"/> GED
Pell Grant Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount: \$ _____	Current Educational Status: Pursuing Diploma/Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending School: <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Attending School: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending Alternative School: <input type="checkbox"/> Yes <input type="checkbox"/> No High School Dropout: <input type="checkbox"/> Yes <input type="checkbox"/> No

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In Bridge Program <input type="checkbox"/> Yes <input type="checkbox"/> No			
The following are determined by IWDS: Basic Skills Deficient: <input type="checkbox"/> Yes <input type="checkbox"/> No Youth: <input type="checkbox"/> In-School <input type="checkbox"/> Out-of-School <input type="checkbox"/> Not Applicable Behind Grade Level: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Credential(s) Complete the column for each Credential earned that you choose to report. This is optional information. (Provide additional Credentials on a separate page.)			
	Credential 1	Credential 2	Credential 3
Credentials:			
Institution:			
Date Attained:			
Verified Source:	<input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Other:	<input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Other:	<input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Copy of Certificate <input type="checkbox"/> Other:

Employment Characteristics			
Labor Force Status: (check only one)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Employed-Received Notice of Layoff/Mil Sep	Under-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployed Insurance Status: (check only one)	<input type="checkbox"/> Receiving Benefits <input type="checkbox"/> Eligible, but not Receiving Benefits <input type="checkbox"/> Exhausted Benefits <input type="checkbox"/> Not Eligible/Not Determined
The following is determined by IWDS: UI Profilee <input type="checkbox"/> Yes <input type="checkbox"/> No			
Migrant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primarily Employed In Farm Work:	<input type="checkbox"/> At least 50% income earned <input type="checkbox"/> At least 50% work time <input type="checkbox"/> Both of the above <input type="checkbox"/> No or N/A	Minimum Threshold of Farm Work Performed:	<input type="checkbox"/> At least 25 days worked <input type="checkbox"/> At \$800 earned <input type="checkbox"/> Both of the above <input type="checkbox"/> No or N/A
Type of Qualifying Farm Work:	<input type="checkbox"/> Agricultural Production/Services <input type="checkbox"/> Food Processing Establishments	Migrant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dislocated Worker Characteristics			
Requires Additional Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed one month of job search: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployed at least six months prior to application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No Received Disaster Relief Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse of Active Duty Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station; <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Work History – Certified Job			
Employer Name:			
Employment Status: (check only one) <input type="checkbox"/> Still Employed <input type="checkbox"/> Still Employed, Layoff Pending <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Entered Employment	Job Title: Wages at Layoff: \$ Wages per: <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Week Hours per Week:		
<input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Recalled <input type="checkbox"/> Other			
Start Date: / / End Date: / /			
Employer Information:			
Street Address:			
City:		State:	Zip: -
Contact Name:		Contact Phone: () - ext:	

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Job Duties: (describe the job duties the applicant performed)	
Primary Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Formerly Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Member/Farmhand: <input type="checkbox"/> Yes <input type="checkbox"/> No

Work History – Certified Job (continued)	
Layoff Reason: (check only one) NOTE: Only options noted by ** may be used for "formerly self-employed" from #70	
<input type="checkbox"/> Lack of Work at Employer	<input type="checkbox"/> In Process of Going Out of Business **
<input type="checkbox"/> Plant Closure	<input type="checkbox"/> Flood or Other Natural Disaster **
<input type="checkbox"/> Substantial Layoff	<input type="checkbox"/> General Economic Conditions **
	<input type="checkbox"/> Clean Air Act
Date Notified of Layoff: / / Received Severance Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DETS ID:	TAA Petition #: - NAFTA Petition #: -
Received Rapid Response: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Last Received Rapid Response Services: / /
ATAA/RTAA Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Declining: <input type="checkbox"/> Yes <input type="checkbox"/> No (Determined by IWDS based on NAICS)
NAICS Code:	
NAICS Description:	
O*Net-SOC Code:	Low Growth: <input type="checkbox"/> Yes <input type="checkbox"/> No (Determined by IWDS based on O*Net)
O*Net-SOC Description:	

Characteristics and Barriers	
Drug/Alcohol Dependency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No
An English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Offender Felon: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facing Substantial Cultural Barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Offender – Misdemeanor: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Barriers (If Applicable)	
Enroll Under 5% Window: <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to Juvenile or Adult Justice System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Within age of Compulsory School Attendance, but not attending School this quarter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Needing Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant/Parenting Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
Runaway Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Aged Out of Foster Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Eligible to Receive Free or Reduced Price Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No

Public Assistance	
Transitional Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	On Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee Help: <input type="checkbox"/> Yes <input type="checkbox"/> No	TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No	DHS Case Number:
SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Months Receiving TANF in Prior 60 Months:

Family Characteristics				
Family Type: (check only one) <input type="checkbox"/> Not a Family Member <input type="checkbox"/> Not Reported <input type="checkbox"/> Other Family Member <input type="checkbox"/> Parent in One-Parent Family <input type="checkbox"/> Parent in Two-Parent Family	Family Size:			
	Dependents Less than 18 years:			
	Family of 1 Due to Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Members Information (complete for each family member)				
Name(s) of Family Member(s) (Last, First, MI)	Relationship	Age	Dependent <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Income <input type="checkbox"/> Yes <input type="checkbox"/> No

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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Calculation

Month	1	2	3	4	5	6	Row Total
Wages	\$	\$	\$	\$	\$	\$	\$
Self-Employed Wages	\$	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$	\$
Insurance Annuity	\$	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

The following are determined by IWDS:

Average Monthly Income:	\$	Average Annual Income:	\$	Total Income for Prior 6 Months	\$
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Monthly Expenditures (needed if Training Services are desired)

INCOME		EXPENSES	
Wages:	\$	Rent/Mortgage:	\$
Self-Employed Wages	\$	Utilities:	\$
Spouse Wages:	\$	Installment Payments:	\$
Pension:	\$	Savings:	\$
Insurance Annuity:	\$	Insurance:	\$
Alimony:	\$	Support Payments:	\$
Allowance:	\$	Transportation:	\$
Social Security:	\$	Food:	\$
Public Assistance:	\$	Clothing:	\$
Unemployment:	\$	Household Supplies:	\$
Other:	\$	Medical/Dental:	\$
	\$	Miscellaneous:	\$
Income Total:	\$	Expense Total:	\$

WIOA Additional Criteria (If Applicable)

Training Services	
Has an assessment been completed? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If by someone other than WIOA staff, who completed the assessment?	
Training Provider Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Has an Individual Employment Plan (IEP) been completed?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If by someone other than WIOA staff, who completed the IEP?	
Training Provider Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Yes / No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Meets Qualifications for Selected Training Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selected Training Program is in Demand:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Grant Sources are Unavailable:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Eligibility

Title/Program	Eligibility Date	Certification Date
	/ /	/ /
	/ /	/ /
	/ /	/ /

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	/ /	/ /
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Initial Eligibility Determination: / /

(Signature of Case Manager)

Signatures

Notice of Certification: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. Furthermore, I understand that falsifying information or using the funds other than for the intended purpose is felony theft, and is punishable under state law by up to 7 years in prison and fines of up to \$25,000. Violators may also face federal felony charges. I have been advised that this information will be entered into a computerized system and may be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the Workforce Innovation and Opportunity Act (WIOA) post-termination follow-up program. I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, and by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from the Workforce Innovation and Opportunity Act program. I further certify that I have been informed of my rights to file a complaint.

I further certify that I am aware of the Equal Opportunity Is Law notice and that I have been informed of my legal right to file a complaint.

Signature of Customer or Representative:	Date: / /
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Signature of Parent or Guardian (if customer is under age 18):	Date: / /
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Name of Parent or Guardian: (if customer is under age 18)	Date: / /
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APPEAL RIGHTS

If you disagree with this determination, you may request a reconsideration/appeal in person, by mail, or by fax. Your request must be filed at your IDES reporting office within thirty (30) days after the date this notice was given or mailed to you. Any request submitted by mail must bear a postmark date within the applicable time limit for filing. If the last day for filing your request is a day that the office is closed, the request may be filed on the next day the office is open. A letter will suffice if you do not have a form. If additional information or assistance regarding the appeals process is needed, please contact your local office.

To locate your reporting office, use this link: http://www.ides.illinois.gov/Pages/Office_Locator.aspx

STAFF USE ONLY

Case Manager Signature:	Date: / /
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