



## WIOA YOUTH APPLICATION ADDENDUM

<b>Applicant Name</b>		<b>Date of Birth</b>	
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**Section 1: Applicant Characteristics**

<b>Have you experienced the foster care system through an out-of-home placement?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Aged out of the foster care system <input type="checkbox"/> Left foster care on or after turning age 16 for kinship, guardianship, adoption, or to return to your family <input type="checkbox"/> Eligible for assistance through the Chafee Foster Care Independence Program	
<b>Free or Reduced-Price Lunch Provided in Schools</b>	
Are you attending school? <b>AND</b> Do you receive, or are you eligible to receive, a free or reduced-price lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
Are you <b>not</b> attending school? <b>AND</b> Are you a parent living in the same household as your child? <b>AND</b> Is the child eligible to receive free or reduced-price lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose.
If you selected <b>yes</b> to one of the above, does the entire school automatically receive a free or reduced-price lunch? (Select yes if the school is a Milwaukee Public School.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know.

<b>Section 2: Individual “who requires additional assistance to complete an educational program, or to secure or hold employment.”</b> Please select any of the following characteristics that apply to you.
<input type="checkbox"/> I have experienced or witnessed a recent traumatic event, including domestic violence or abuse, or live in abusive environment.
<input type="checkbox"/> I have previously been dismissed from or had a non-voluntary separation from employment.
<input type="checkbox"/> I have previously dropped out, been suspended or been expelled from school. (ISY Program Only)

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**TSEEM CEEB!** Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this completed form.

<b>Applicant Signature</b>	<b>Date Signed</b>