

# Workforce Innovation and Opportunity Act (WIOA) Adult/DW Interest and Eligibility Questionnaire



**Contact Information:**

Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Have you completed the WIOA Orientation (either in-person or online)?** Yes No

**Background Information:**

Are you a United States Citizen or have the right to work in the US? Yes No

Are you an Okaloosa or Walton County Resident? Yes No City of Residence: \_\_\_\_\_

Are you a Veteran? Yes No Are you a Military Spouse (active duty)? Yes No

If you are a male born on or after January 1, 1960 have you registered for selective service? Yes No N/A

Are you receiving or have you received Food Stamps or Cash Assistance in the last six months? Yes No

Are you receiving Reemployment Assistance (Unemployment Compensation)? Yes No Exhausted

**How did you learn about the WIOA Program?**

Friend/Family Member Social Media Community Partner School/Instructor Other

If person or organization, please provide their name: \_\_\_\_\_

**Employment:**

Are you currently employed? Yes No If yes: Full-time Part-time

If currently employed, what is your wage per hour? \_\_\_\_\_

How many members are in your family? \_\_\_\_\_ What is your annual family income? \$ \_\_\_\_\_

CSOW Self Sufficiency Wage (250% Lower Living Standard Income Level)	
Family Size	Annual Wage
1	42,278
2	69,273
3	95,078
4	117,383
5	138,538
6	162,028
7	185,518
8	209,008

**Previous/Current Education:**

Circle all education: Less than HSD / GED GED HSD Vocational Certificate  
Associates Bachelors Masters

Please list any certificates: \_\_\_\_\_ Area of Study: \_\_\_\_\_

**Training:**

Are you currently in school?    Yes            No

Name of school: \_\_\_\_\_ Name of training program: \_\_\_\_\_

Have you applied for a Pell grant?    Yes            No            Expected graduation date? \_\_\_\_\_

**Other Possible Funding Opportunities (Ages 16-24):**

Do any of the following apply to you?

- |   |     |    |
|---|-----|----|
| a. Homeless, runaway, or foster child   | Yes | No |
| b. Pregnant or parenting  | Yes | No |
| c. Juvenile or Adult System Involvement   | Yes | No |
| d. School Dropout (High School)   | Yes | No |
| e. English as Second Language   | Yes | No |
| f. Have one or more disabilities  | Yes | No |
| g. Living in an out-of-home placement (foster care, kinship care, treatment foster care, or residential and group care) | Yes | No |

**\*I consent to be registered and enrolled in the Workforce State System, Employ Florida.**

Participant's Signature and Date: \_\_\_\_\_

*Participant is ineligible at this time.* \_\_\_\_\_  
*Participant will contact Career Advisor upon completion of required tasks.* \_\_\_\_\_