



OhioMeansJobs.

Pike County
A proud partner of the
American Job Center network



The
**COMMUNITY
ACTION
COMMITTEE**
OF PIKE COUNTY



THE
**BUSINESS
Resource NETWORK**
Powerful Partnerships. Stronger Businesses.



CAR REPAIR PROGRAM ELIGIBILITY

**MUST BE EMPLOYED OR
SEEKING EMPLOYMENT!**

POVERTY GUIDELINES CHART	
Family Size	300%
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8	\$158,160

**INCOME
REQUIREMENT:
300% OF THE
POVERTY LINE
OR LESS**



**MUST USE A LICENSED GARAGE
AND PARTS MUST BE NEW.**

***EXCLUDES AC REPAIR**



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OhioMeansJobs Pike County
P.O. Box 799
941 Market Street
Pike County, Ohio 45661
Phone: (740) 289-2371
Fax: (740) 289-1859

It is YOUR responsibility to furnish the following documentation when reporting for your appointment. The Workforce Innovations and Opportunities Act (WIOA) Application Process cannot begin until all required information is present.

- Proof of income for the most recent six months (or 26 weeks) for every family household member.** This includes OWF, all check stubs or a notarized statement for all family members living in the household who has worked the most recent six month period, income received from Rental Property, Social Security, SSI, Social Security Disability, Social Security Death or VA Benefits for each family member living at your address.
- Proof of Food Stamp Benefits.** This is verification provided by the Pike County Department of Job and Family Services that lists the amount of Benefits received by your household each month for the previous six months. This may also be an approval letter if you have recently applied for Benefits.
- A Social Security Card** for the Applicant.
- Birth Certificate** for the Applicant to verify Citizenship/Alien Status.
- Driver's License** may be used to verify your current address.
- Proof of Residency** for Applicant. (For example: Driver's License, rent receipts, medical card or utility bills) If you receive your mail at a Post Office Box you will need to verify the P.O. Box Number **plus** your home street address.
- DD-214 Discharge Papers:** Only if you are a Veteran.
- Selective Service Verification:** All males over the age of 18, born after **January 1, 1960**, must be registered before an application can be started. This information may be obtained online at www.sss.gov.
- Proof of Education Level: HS:** Transcripts, Diploma, GED, Drop-out, Vocational Certificate. **Post-Secondary:** Vocational Certification, Degree (unfinished or completed)
- Proof of conviction of a Misdemeanor and/or arrest, Felon:** Will need a letter from the Court.
- Proof of Probation:** Will need letter from Court stating why you are on probation.
- Dislocated Worker:** Will need lay-off letter from employer on company letterhead stating start date, last day of employment, job title, and that you are being laid off as a result of plant closure or significant downsizing. This letter must also include the wage at dislocation. Employment information is also needed for all interim employment.
- All Youth:** Applicants that are in a Learning Disabled, Developmentally Handicapped Class, a letter is needed from the school stating **the disability will hinder his/her ability to find employment.** (Please be sure to identify what barrier determines the applicant to be LD or DH).
- Acceptance Letter, prior term grades and next term schedules,** If currently attending training
- WIOA Interview Packet [Section K-Work Experience: May attach a current resume]**
- Create profile, complete practice WorkKeys (Applied Math, Graphic Literacy, and Workplace Documents), ~~and~~ and career profile on OhioMeansJobs.com**

~~_____ – can be found on futureplans.com. Code can be obtained through Case Manager.~~

I understand that if I am unable to get all the required documentation, the application cannot be taken at this appointment, but that I may reschedule when all documentation is available. The Workforce Innovations and Opportunities Act is not an entitlement program and approval is based on priority of need, fund availability, and suitability.

Customer's Signature

Date

Staff Initials



Intake Application

Name: _____ Date of Birth: _____ Soc.Sec.#: _____

Street: _____ Gender: Male Female

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Phone: _____

Highest Education Level (check one)

GED High School Grad. College (Degree): _____ Still attending K-12 school? Yes No

Current Trade/Vocational Training or Skills Yes No (If Yes, Answer below)

Name of Focus/Program: _____ Date Completed: _____

Type of Degree or Certificate: Vocational Certificate CDL Associates
 BA BS Masters

Citizenship: US Citizen Registered Alien Refugee Other

What is your family size? _____ Are you Homeless? Yes No

Do you have any type of Disability? Yes No If yes-please explain: _____

Are you currently employed? Yes Yes, but pending layoff No

Current/Recent Job Title: _____ Current/Recent Employer: _____

City: _____ State: _____

Start date for most recent employment: _____ End date for most recent employment: _____

Average number of hours worked per week: _____ Last hourly wage: _____

Have you ever been permanently laid off? Yes No

Was this layoff due to a business closure or reduction in workforce? Yes No

What is preventing you from obtaining employment now?

Lack of Child Care Lack of Transportation No Work Experience
 Disability Homeless Other: _____

Unemployment Status: Currently receiving Exhausted Not receiving

Are you currently receiving SSI assistance? Yes No Amount: _____

Are you currently receiving SSDI assistance? Yes No Amount: _____

Are you currently receiving SNAP assistance? Yes No Amount: _____

Are you currently receiving TANF/OWF assistance? Yes No Amount: _____

Are you currently receiving Refugee assistance? Yes No Amount: _____

Are you registered with Selective Service? Yes No Selective Service #: _____

How did you hear about us?

Newspaper Radio Internet Billboard Other: _____
 Partner Referral _____ Family/Friend: _____

Please check all that apply to you:

Disabled Over age 55 No High School Diploma or equivalency
 No Health Insurance Divorced or widowed Released from incarceration in the last 12 months
 Youth 14-24 Pregnant In default with ANY Financial Aid

Do you have a valid Driver's License? Yes No

By signing this document below, you attest that all information provided is true and valid.

Applicant Signature _____ Date _____

STAFF USE ONLY
Initials _____ Date Entered _____



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Receipt of Services

Community Action Committee of Pike County
941 Market Street, Piketon, Ohio 45661
(740) 289-2371 FAX: (740) 289-1859

REFERRED BY: _____

NAME: Mr./Mrs./Ms. _____
ADDRESS: _____ CITY: _____ ST.: _____ ZIP: _____
PHONE #: _____ E-MAIL: _____

The Customer has verified the Receipt of Following Services on the Dates Indicated:

Services Received	Date	Services Received	Date
Intake		Job Search	
Information on the Labor Market		Career Exploration	
Information on OhioMeansJobs Pike County Partners		Completed Electronic Job Search	
Information on Supportive Services		Resume Assistance	
Information on Filing UI		Workshop Services	
Filed UI Claim (Phone or Online)		Case Management	
Re-employment Activities		Adult Education Services	
Help with Financial Aide Resources		WIOA Services	
In-house CAC Agency Referral		Registered on OhioMeansJobs.com	

Any Applicable Notes:

If Applicable Below:

Customer has had no Positive Response from Job Referrals or Interviews During Job Search.

Job Search:	Start Date:	End Date:
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No Suitable Job Orders for this Customer's Present Marketable Skills and Transferable Skills within the Past Six (6) Months

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any and all information necessary for verification purposes.

Participant's Signature

Date



NAME DATE

ADDRESS

EMAIL HOME PHONE # CELL PHONE # MESSAGE PHONE #
Texting [] Yes [] No

Do you have a Social Media that you can be contacted at? Yes No If yes name of site & username:

PLEASE READ CAREFULLY

To develop a workable plan to assist you in reaching your educational, training and employment goals, we need to know about your background in all areas that will affect your ability to take part in employment and training activities.

The ultimate goal of OhioMeansJobs - Pike is to assist customers in entering gainful full-time employment. Even though your immediate goals may be education or training, all information requested here is directed toward determining what steps are necessary to help you become employable.

Answer the following questions as completely as possible. If you are unsure about any item, leave it blank. This form will be discussed with you by an OhioMeansJobs - Pike staff person.

A. General

How did you learn about OhioMeansJobs - Pike?

- [] School [] Friend/Acquaintance [] News Media [] Referral by Other Agency
[] Other

What assistance do you want from OhioMeansJobs - Pike?

- [] Education/Training [] Job Search [] Other

For Education/Training: What are your plans after training?

For Job Search: How flexible is your schedule?

Are you a foster child or have you aged out of the foster system? Y N
Are you currently in default of any student loans? Y N
Are you registered with selective service (males over the age 18)? Y N Exempt

B. Employment Status

Are you currently employed? Y N Hours per week: Circle Shift: 1st 2nd 3rd

Will your current job affect your school performance? Y N

If yes, in what way?

Are you planning to stay employed while in training ?..... Y N
What is your plan for going to school while still working? _____

How many employers have you worked for during the last 5 years? _____
How many days were you absent/late in the last 6 months of employment? _____

Have you encountered problems with supervisors/co-workers in the past? Y N
Have personal problems unrelated to the job interfered with employment in the past? Y N
If yes, please explain. _____

Have you ever been fired from a job? Y N
Do you have a disability or personal circumstances that do not allow your employment in previously held occupations? Y N

What specific skills have you acquired in your past employment? _____
What encourages you to do a good job? _____

Are you looking for a permanent or temporary job? _____
How many hours per week do you plan on working? _____
What wage or salary do you expect? _____

Are there any jobs that you would not accept? Y N
If yes, please explain. _____

C. Health/Physical Considerations

Health or Physical limitations do not disqualify a person from participation in training or employment; however, the existence of such conditions may create special need for you, the training institution or the employer. Do any of the following apply to you?

Limitations on: (Circle Yes or No)

- | | | | | | |
|-------------------------|---|---|---------------------------|---|---|
| Standing..... | Y | N | Bending..... | Y | N |
| Walking..... | Y | N | Hearing..... | Y | N |
| Sitting..... | Y | N | Vision..... | Y | N |
| Lifting..... | Y | N | Depth Perception..... | Y | N |
| Climbing..... | Y | N | Distinguishing Colors.... | Y | N |
| Balancing Yourself..... | Y | N | Other _____ | | |

D. Personal/Situational Considerations

Some employers conduct background investigations of employees in such areas as criminal records, wage garnishments or attachments, driver’s license suspension or pending legal actions.

Will anything in this area present a problem in either training or employment? Y N

COMMENTS: _____

Do you have:

- Child care including back-up for emergencies? Y N N/A
- Someone other than a child to care for at home? Y N
- Clothing for training, interviews or work? Y N
- If no, explain _____
- Adequate food? Y N
- Adequate housing? Y N
- Adequate medical care? Y N
- Financial problems holding your back? Y N
- Encouragement and support from spouse, family and others? Y N
- A quiet working space in your home? Y N

Do you need to: (Circle Yes or No)

- Pay past due utilities..... Y N
- Get a telephone..... Y N
- Reduce your housing costs..... Y N
- Move or relocate to another location..... Y N
- Acquire emergency/temporary housing..... Y N
- Collect/Pay child support..... Y N
- Address legal issues..... Y N
- Get protection from a violent person..... Y N
- Complete community service hours..... Y N
- Acquire emergency/temporary housing..... Y N
- Protect your child from child abuse..... Y N
- Improve your relationship with a spouse/significant other..... Y N
- Learn how to control your anger..... Y N
- Find a safe home for your children..... Y N
- Improve your parenting skills..... Y N
- Pay past-due family bills/debts..... Y N
- Learn money management skills..... Y N

Office Staff Notes:

Working Conditions

Are you willing to work/train under the following conditions? (Circle Yes or No)

Mostly Inside.....	Y	N	Mostly Outside.....	Y	N
Extreme Cold.....	Y	N	Extreme Heat.....	Y	N
Wet & Humid.....	Y	N	Noise & Vibration.....	Y	N
Fumes, Odors, Dust.....	Y	N	Other _____		

E. Transportation

Do you have a valid driver’s license?..... Y N

If NO, why? _____

Check which method you will use to travel to training, work or school:

- own car parent/friend provides transportation borrowed car
- walk car pool other _____

Can you always count on that transportation?..... Y N

What kind of vehicle will you be using for training/job search? _____

Is your name on the vehicle title? Y N N/A

F. Job Finding/Job Keeping

When is the last time you filled out an employment application? _____

How did you find your last job? _____

Do you have a current resume?..... Y N

Does your resume need updated? Y N

Do you have Job References?..... Y N

Do you have Personal References?..... Y N

Have you registered with the Employment Service?..... Y N

Can you describe your skills to an employer?..... Y N

Are you willing to make job-hunting a full-time effort?..... Y N

Are you worried about:

- Job interview skills?..... Y N
- Not having adequate reading/writing skills?..... Y N
- Not having adequate mathematical skills?..... Y N
- Not having adequate computer skills?..... Y N
- Losing your government funds/assistance?..... Y N
- Your age?..... Y N

If you need to improve your writing/reading, math or computer skills, would you be willing to attend the Adult Basic Literacy Education Program (ABLE) and/or computer classes to improve your basic skills?..... Y N N/A

G. Career Planning:

What is your Educational/Employment Goal? _____

Have you thought about the type of training necessary to achieve this goal?..... Y N

What steps must you take before you can reach this Goal? _____

Do you have a job opportunity in your selected Career Goal?..... Y N

How many miles would you be willing to commute for employment and/or training? _____

Are you willing to travel for your employment? Y N If yes, what percentage of the time? _____

At what companies/institutions might you apply to seek employment? _____

What is the income for this position? _____/hourly _____/yearly

Will this income give you the ability to become self-sufficient? Y N

Are You Currently Attending a Training Program? Y N NA

If yes, what is your Field of Study? _____

If yes, what is your overall Grade Point Average? (Circle One)

0 points .67 to 1.5 1.6 to 2.5 2.6 to 3.5 3.6 to 4.0
F D C B A

How many days were you absent last quarter/semester? _____

Absences for this quarter/semester to current date: _____

How many credit hours are you taking? _____

List classes: _____

When do you set aside time to study? _____

What are your plans after training? _____

H. Financial Concerns

Please indicate your current monthly income and expenses. Enter an estimated amount in the appropriate blank.

Monthly Income	Amount		Monthly Expenses	Amount
Personal Income			Rent/Mortgage	
Family Member Income			Food	
Unemployment Compensation			Home Insurance	
Workers' Comp			Car Insurance	
Social Security Benefits			Life/Health Insurance	
SSI			Natural Gas	
Aid for Dependent Children			Electricity	
General Assistance			Heating Oil	
Educational Grant			Water/Sewage	
Veteran's Benefits			Garbage	
Retirement Benefits			Phone	
Medicare/Medicaid			Cable TV	
Food Stamps			Medical Expenses	
Subsidized Housing			Child Care/Elder Care	
Child Support			Child Support	
Other: _____			Care Maintenance/Gas	
Other: _____			Other: _____	

Total Income: _____ minus Total Expenses: _____ Equals what is left: _____

Additional economic information and/or financial factors: _____

I. Military History:

Have you been in the military? Y N

Military Status (circle one) Active Inactive Interested in Applying

Military Branch (circle) Army Navy USAF USMC USCG US Merchant Marine

Veteran Status: _____ Years in Military: _____ Discharge Rank: _____

Discharge Character: (circle one) Honorable Other than Honorable Release Due to Service Connected Disability

Other (please explain) _____

Applied for Disability: Y N Disability Rating: (circle one) Less than 30% Greater than 30%

Chapter 31 Referral: Y N Military M.O.S. (job description) _____

Are you a spouse of a U.S. Veteran? Y N

J. Education/Credentials

What is the highest level of education you have completed: (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 HS Diploma GED
Trade School Certificate Some College Associates Degree Bachelor's Degree Master's Degree Ph.D.

List any certificates, credentials, degrees that you hold and from what school/training provider/employer you earned them as well as the year received: _____

List any special skills that you have: _____

List any apprentice programs that you have attended and/or completed (indicate whether you completed or not):

References:

List 3 Professional References. Do not list relatives and/or people you live with.

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

K. Work Experience

List each job/volunteer position/work experience you have had starting with the most recent or current and work back.

Be sure to describe all duties in each job you held.

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____