

APPLICATION for WIA Youth SERVICES

Maui Community College KU'INA Program

Name _____ Social Security #: _____
Last First M.I.

Home Address: _____
Street City Zip Code

Mailing Address (if different from above): _____
Street/PO Box City Zip Code

Phone: Home: _____ Work: _____ Cell: _____ Other: _____

Valid Drivers License: ___Yes ___No State Issued: _____ Drivers Type: _____ Drivers Class: _____

Drivers License Endorsements: _____ Do you have access to a motor vehicle? ___Yes ___No

Do you rely on public transportation? ___Yes ___No

Currently employed? ___Yes ___No Currently looking for work? ___Yes ___No

Emergency Contact:

Name of 1st Contact: _____ Day Phone: _____ Relationship: _____

Name of 2nd Contact: _____ Day Phone: _____ Relationship: _____

Gender: ___Male ___Female Disability: ___Yes ___No; if yes, specify disability: _____

Does your disability substantially affect your ability to gain employment? ___Yes ___No

Individual Educational Plan (IEP) ___Yes ___No; if yes, any accommodations: _____

Age: _____ Birth date: _____ Birthplace: _____

US Citizen: ___Yes ___No; if "No", Alien Registration # _____ Expiration Date: _____

Selective Service Registration # (males 18 yrs & older): _____

Primary Ethnic Heritage (check only ONE)

___White ___Chinese ___Other Asian ___Palauan ___American Indian/Alaskan Native
 ___Black ___Japanese ___Hawaiian/pt Hawaiian ___Samoan ___Other (specify): _____
 ___Hispanic ___Korean ___Micronesian ___Tongan
 ___Filipino ___Vietnamese ___Marshallese ___Other Pacific Islander

Ethnic Heritage (check all that apply)

___White ___Hispanic or Latino ___Asian ___Black or African American ___Alaskan or American Indian
 ___Hawaiian or Pacific Islander ___Other (specify) _____

Education Level: Last grade completed: _____ Currently Attending School: ___Yes ___No; if "Yes": _____current grade

Name of School Attending: _____

High School Drop Out: ___ Yes ___ No: If Yes, ___ Current 4140 Limited English: ___ Yes ___ No

College: ___ Yes ___ No; If yes, Field _____ Completed: ___ Yes ___ No Date of Completion: _____

Certificates: _____

Advanced Training/Other: _____

Home/Living Situation:

Lives with: ___ Parent(s) ___ Guardian(s) ___ Foster Parent(s) ___ Other; specify _____

Number of people living in youth's household (include parents/guardians/foster parents and other dependent family members living in same household): _____

Barriers:

Homeless ___ Yes ___ No Runaway ___ Yes ___ No Pregnant or Parenting ___ Yes ___ No
Foster child ___ Yes ___ No Single parent ___ Yes ___ No Displaced Homemaker ___ Yes ___ No

Household Income for the Last Six (6) Months (include income from ALL sources) or Most Recent Tax Income Tax Forms:

\$ _____ youth

\$ _____ other household members (include income for ALL other persons included in "Household Size" above; do NOT include: unemployment insurance payments, child support payments, old age & survivor Social Security benefits, veterans disability benefits and public assistance)

Public Assistance: Does/did the youth or other household member(s) receive any of the following public assistance within the last six (6) months? (check all that apply):

- ___ TANF
- ___ Supplemental Security Income
- ___ cash assistance/Refugee Cash assistance
- ___ General assistance
- ___ food stamps
- ___ foster child payments from state/local government
- ___ HUD rental assistance
- ___ Pell Grant Monies
- ___ other; specify: _____

Employment History:

Currently receiving Unemployment Insurance? ___ Yes ___ No

Have you received a layoff or termination notice? ___ Yes ___ No

Employer #1: _____ Job Title: _____

Employer Address: _____

Job Description: _____

Date employed: _____ to _____ Hours per week: _____ Hourly wage: _____

Reason for Termination: _____

Employer #2: _____ Job Title: _____

Employer Address: _____

Job Description: _____

Date employed: _____ to _____ Hours per week: _____ Hourly wage: _____

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Documentation Requirements

Verifiable Criteria	Acceptable Documentation <i>(only one document from this column per verifiable criteria is required)</i>	
Birth Date/Age (applicant must be 14-21 yrs)	baptismal or church record showing birth date driver's license showing birth date school records showing birth date Federal, state or local government issued ID showing birth date	birth certificate hospital record of birth US passport
US Citizenship or Permanent Resident Alien Status	birth certificate US passport Alien registration card <i>(if NOT US citizen)</i>	hospital record of birth US naturalization certificate
Selective Service Registrant (males 18 yrs and older)	Selective Service registration card screen print out from Selective Service Verification internet site any other registration verification issued by Selective Service	
School Dropout (youth 18 yrs and younger)	4140 for current school year written statement/record from youth's home school	
Homeless or Runaway	written statement from social service agency written statement from individual providing temporary residence	written statement from homeless shelter
Foster Child (foster child on whose behalf state or local government payments are made)	court records/documentation written statement from cognizant agency	payment records
Individuals with Disabilities (disability constitutes or results in a substantial barrier to employment)	medical records physician's written statement school official's written statement psychiatrist's or psychologist's diagnosis/statement written statement from other cognizant social service agency providing treatment/rehab services to youth <i>(e.g. drug/alcohol treatment program, counseling service, etc.)</i>	school record <i>(e.g. IEP)</i> observable condition
Parent (male or female) or Pregnant Youth	child(ren)'s birth certificate(s) If pregnant: Physician's written statement written statement from school pregnant youth program written statement from cognizant social service agency	hospital record(s) of birth observable condition
Offender (youth who is or has been subject to any stage of the criminal justice process)	court documents written statement from parole/probation officer written statement from other cognizant social service agency	police records
Household/Family Size (all persons related by blood, marriage or decree of court, residing in a single residence – parent(s)/guardian(s) and dependent children)	lease showing household composition/size public assistance records Most recent Income Tax Form	written statement from landlord written statement from cognizant social service agency
Household/Family Income (include all sources of income for youth and all other individuals included in youth's household)	Note: submit any and all of the following that document total household/family income: accountant statement pay stubs for last 6 months HUD section 8 income certification pension statements/payment records regular insurance or annuity payments for self employed	
		alimony agreement employer statement written on employer letterhead farm or business financial records of net income quarterly tax reports for 2 most recent quarters Most Recent Income Tax Form
Public Assistance & Food Stamps (currently receives or received/determined eligible to receive within the prior 6 months)	authorization to receive cash public assistance/food stamps food stamps ID card with current date food stamps/public assistance printout/records	public assistance ID card showing cash grant
Social Security Number	social security card school/government issued ID showing SS # tax return showing SS #	driver's license showing SS # pay stub showing SS # W-2

Note: Please inform the Ku`ina Program staff if you're unable to provide any of the documentation listed above. A written statement/verification **may** be accepted to verify the eligibility information for which you're unable to provide documentation.