

**Lake County Department of Job and Family Services
Lake County Employment and Training Division
Youth Pre-application and Self-Assessment**

Date: _____

Name: _____ Social Security Number: _____

Address: _____

Date of Birth: _____
Street City State Zip
Home Phone #: _____ Message Phone #: _____

Current Age: _____ E-Mail Address: _____

Instructions

Please answer all questions to the best of your ability.

The “Eligibility” section (page 9) must be **completely filled out**. If you are living with your parents, please have your parent or legal guardian provide information about household income if you do not have it. You must also provide copies of documents proving your household income, residency, citizenship, birth date, Social Security Number, and certain other items. Please see pages 9 and 10 for more information.

If you acknowledge a disability, the form on page 11 must be signed by a professional involved in the diagnosis/treatment of the disability. The signed form must be returned to Lake County Employment and Training Division with the other required documents.

The list on page 10 of eligibility documents is a list of examples of acceptable documents. You do not need to provide all documents listed for each item.

Youth who have an **Individual Education Plan**; an **Individual Career Plan**; and/or a **Career Passport** should enclose a copy with this questionnaire.

Please mail or drop off the completed questionnaire and all copies to:

Lake County Department of Job and Family Services
Lake County Employment and Training Division
177 Main Street
Painesville, OH 44077
Attn: Nancy Brown

If you have any questions about completing this form or the documentation required, please call Nancy Brown at (440) 350-2382 or (440) 918-2382. Thank you.

Education

- Are you a student? _____ Yes _____ No

IF YOU ARE A STUDENT:

- What level of school? _____ Elementary School _____ Middle School
_____ High School _____ Other
- Are you home schooled? _____ Yes _____ No
- School name _____ • Current grade _____

IF YOU ARE NOT A STUDENT:

- Did you graduate from high school? _____ Yes _____ No
- School name _____ • Month/year of graduation _____
- If you did not graduate:
 - Last grade you finished _____ • Month/year when you left school _____
 - Name and city of last school you attended _____
 - Are you enrolled in classes to get your GED? _____ Yes _____ No
 - Name of GED program _____
 - Month/year started GED classes _____ • When do you plan to take the GED test? _____

(If you are not a student now, answer the following five questions based on when you were in school.)

- What is your best subject in school? _____
- What is your weakest subject in school? _____
- Are you required to take the ninth grade Proficiency Test? _____ Yes _____ No
- Are you required to pass all sections of the Proficiency Test? _____ Yes _____ No
- If you have passed any of the following sections of the Proficiency Test, enter the month and year when you passed that section:
 - Writing _____
 - Reading _____
 - Citizenship _____
 - Math _____
 - Science _____

- Do you plan to go to college? _____ Yes _____ No

If “yes”:

- What degree do you plan to get (associated, bachelor’s)? _____
- What will you major in? _____
- Which college do you plan to attend? _____

- Are you enrolled in, or have you completed, a career training or vocational program? _____ Yes _____ No

If “yes”:

- School name _____
- Type of program _____
- Are you currently passing your courses in this program? _____ Yes _____ No
- Month/year when you started program _____
- Month/year when you completed (or will complete) program _____

- Do you plan to enroll in a career training or vocational program in the future? _____ Yes _____ No

If “yes”:

- School name _____
- Type of program _____
- Month/year when you plan to start program _____

- Do you have:

- An Individual Education Plan? _____ Yes _____ No
- An Individual Career Plan? _____ Yes _____ No
- A Career Passport? _____ Yes _____ No

- Are you participating in a Career-Based Intervention Program (such as Work-Study)? _____ Yes _____ No

- Are you in any special academic classes at your school or receiving special assistance? _____ Yes _____ No

If “yes”, please explain:

Employment

- What job do you want to get now? _____
- Why do you want that job? _____

- Will you need special clothing or tools for that job that you don't have and can't afford? _____ Yes _____ No
- What job do you want as your long-term career? _____
- Why do you want that career? _____

- Have you worked in the Summer Youth Program? _____ Yes _____ No
- If "yes", how many summers have you worked in it? _____
- Do you plan to work in the Summer Youth Program this Year? _____ Yes _____ No
- If "no", why not? _____

Have you ever done any of the following things:

- Filled out a job application? _____ Yes _____ No
- Written a resume? _____ Yes _____ No
- Written a cover letter to send to an employer with your resume? _____ Yes _____ No
- Actively looked for a job, other than a job in the Summer Youth Program? _____ Yes _____ No
- Gone on a job interview? _____ Yes _____ No
- Held a paying job, other than a job in the Summer Youth Program? _____ Yes _____ No
- Are you working now? _____ Yes _____ No
- Can you get a written reference from a previous employer? _____ Yes _____ No
- Have you ever quit a job? _____ Yes _____ No

If "yes", why? _____

- Have you ever been fired from a job? _____ Yes _____ No

If "yes", why? _____

If you are working or have worked in the past, complete the work history on the following page.

Work History

(List Most Recent Job First - Include Summer Youth Program Jobs)

Job #1

Employer Name _____

Employer Address _____

Job Title _____ Supervisor's Name _____

Job Duties _____

Hours per Week _____ Pay Rate _____

Start Date (month and year) _____ End Date (month and year) _____

Reason for Leaving _____

What I Liked Most About This Job: _____

What I Liked Least About This Job: _____

Job #2

Employer Name _____

Employer Address _____

Job Title _____ Supervisor's Name _____

Job Duties _____

Hours per Week _____ Pay Rate _____

Start Date (month and year) _____ End Date (month and year) _____

Reason for Leaving _____

What I liked Most about This Job: _____

What I Liked Least About This Job: _____

Environment

The questions on this page are voluntary. You do not have to answer them if you do not want to. Answers to these questions will help Lake County ETD to help you. The information on this page will only be seen by ETD staff who need it to help you. This information will not be released to other agencies unless you/your parent signs a written release form.

- Do you have a physical, mental, or emotional condition that affects your ability to work, hold a job, or go to school (this includes learning disabilities)? _____ Yes _____ No

If “yes”, please explain:

- What is the condition? _____

- What limitations, if any, are there on the kind of work you can do? _____

- Is the disability (check one): _____ Total _____ Partial

- Is the disability (check one): _____ Temporary _____ Permanent

- What medications, if any, do you take that could interfere with work or school? _____

- Do you have a treatment schedule that could interfere with work or school? _____ Yes _____ No

If “yes”, please explain: _____

- Do you wish to request any accommodation(s) for your condition? _____ Yes _____ No

If “yes”, please explain: _____

- Do you now, or have you ever had, problems with alcohol or drugs? _____ Yes _____ No

- If “yes”, did you receive, or are you receiving, treatment? _____ Yes _____ No

- Do you have any problem with getting medical care? _____ Yes _____ No

- Do you receive services from any of the following agencies? If so, please name your contact person at the agency:

- Catholic Charities _____

- Crossroads _____

- Lake County Dept. of Job & Family Services _____

- Lake County MR/DD Board _____

- Neighboring _____

- Pathways _____

- Ohio Rehabilitation Services, Bureau of Vocational Rehabilitation _____

- Other service agency (name?) _____

- Do you want more information about social/human services available in Lake County? Yes No
- Are you pregnant, or do you have a pregnant partner? Yes No
- Do you have children of your own living with you? Yes No

If "yes":

- How many children and what are their ages? _____

- Who presently cares, or will care, for your child(ren) when you are at work or school? _____

- Will you need to pay for a sitter or day care to work or attend school? Yes No
- Are you the parent of children who live in another household? Yes No

If "yes"

- How many children and what are their ages? _____

- Are you required to pay child support? Yes No

If "yes", how much? _____

- Does, or will, your visitation schedule interfere with working or attending school? Yes No

- Who do you (and your children, if applicable) live with?

Two parents, or parent and stepparent Friend(s) or partner

One parent Foster family

Other relative(s) Group home

Spouse Live alone

Other (please explain): _____

- Have you lived in the same place for the past year? Yes No

- Is having a place to live a problem for you? Yes No

- Does your household get help from the Lake Metropolitan Housing Authority? Yes No

- What transportation do you have to get to work?

Drive yourself Walk Laketrans/other public transportation

Family/friends will drive Bicycle

- Do you have a driver's license? Yes No

- Do you have a reliable car, or access to one? _____ Yes _____ No
- Have you ever ridden Laketrans? _____ Yes _____ No

- Have you ever been to Juvenile Court? _____ Yes _____ No
 If "yes", for what charge(s)? _____
- Were you convicted? _____ Yes _____ No
- Have you ever been charged in court with a crime as an adult? _____ Yes _____ No
 If "yes", for what charge(s)? _____
- Were you convicted? _____ Yes _____ No
- Have you ever spent time in a juvenile detention center or a jail? _____ Yes _____ No
- Are you on probation now? _____ Yes _____ No
 If "yes", what are the names of the court and your probation officer? _____

- Does your probation have any conditions that could interfere with working? _____ Yes _____ No
- Do you have a pending court date? _____ Yes _____ No

Other

- Is there anything else you'd like to tell us that's important to your success at school or at work?

Eligibility

Please answer all questions to the best of your ability and have your parent or legal guardian complete portions you may not be able to answer.

The eligibility determination period is six months prior to application. You must submit photocopies of proof of all income (earned and unearned) for all family members (related to you by blood or marriage) in the household for that six-month period. “Family “ means:

- Husband, wife, and dependent children
 - Parent and dependent children
 - Husband and wife

You must also provide photocopies of the following:

- Proof of residency
- Proof of citizenship
- Proof of birth date
- Proof of Social Security Number
- If a foster child, proof of foster child status
- If a school dropout, proof of official withdrawal from school
- If pregnant or parenting, proof of pregnant/parenting status

A list with examples of acceptable documentation is attached.

Youth acknowledging a disability need to have a Disability Certification Form completed by a certifying official at the school, agency, or practice that is able to document the disability. A copy of this form is attached (page 11).

- Does your family receive cash welfare? _____ Yes _____ No
- Does your family receive food stamps? _____ Yes _____ No
- Are you a United States citizen or a resident alien authorized to work in the United States? _____ Yes _____ No
- (For males age 18 and over) Are you registered with the Selective Service? _____ Yes _____ No

Please list each family member living in your household during the past six months and their income

Name	Relationship to You	Gross Weekly Income	Income Source

General Eligibility Documentation

Proof of Residency:

Current utility bill
Current piece of mail with cancelled postmark
Current rent receipt, if address is written on receipt
Current TANF medical card

Proof of Citizenship:

(For in-school youth under 18 years of age who have no photo ID) Current year report card
(For youth 18 years of age and older) A photo ID card

Proof of Birth Date:

Birth certificate
Baptismal certificate with date and place of birth entered
Hospital record
Passport

Proof of Social Security Number

Social Security card or letter of verification from Social Security office

Proof of Household Income (for all applicable income sources):

Current pay stubs for all family members who are working
Statement of gross wages from employer
Unemployment compensation verification form showing benefit amount
Public assistance records (acceptance letter or computer printout)
Social Security statement or printout showing Social Security income
(Only if no income and family lives off savings) Savings passbooks or bank statements

Proof of Foster Child Status:

Court documentation
Written statement from local or state agency
Current medical card

Proof of Dropout Status:

Official withdrawal slip

Proof of Pregnant/Parenting Status:

Child's birth certificate
Statement from social services agency
Medical card

**LAKE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
LAKE COUNTY EMPLOYMENT AND TRAINING DIVISION
DISABILITY CERTIFICATION**

I hereby give _____ permission to complete the disability certification below and release the certification to the Lake County Employment and Training Division (ETD). I understand that Lake County ETD will use this information solely for the purpose of determining eligibility for the Workforce Investment Act, and for related record keeping and affirmative action requirements.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

THE FOLLOWING TO BE COMPLETED BY CERTIFYING PROFESSIONAL

I hereby certify that _____ is an individual who has a physical or mental impairment which substantially limits one or more of such person’s major life activities; has a record of such impairment; or is regarded as having such an impairment; which for such individual constitutes or results in a substantial handicap to employment, as determined in accordance with the “Definitions of Key Terms” below. I further certify that the applicant’s disability can be substantiated by records maintained by this agency/practice/school.

Signature

Title

Name of Agency/School (if applicable)

Date

DEFINITIONS OF KEY TERMS

Physical or Mental Impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; OR any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. Includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular illness; specific learning disabilities; HIV disease (whether symptomatic or asymptomatic); tuberculosis; drug addiction and alcoholism if currently in recovery.

Major Life Functions: Functions such as caring for one’s self; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; and working.

Substantial Handicap to Employment: A loss of occupational choices of a class or group of jobs due to the disability; i.e., significant diminishment of occupational choices.