

# Instructions on Submitting the WIOA Pre-Screening Eligibility Form:

Please return the attached document to the following email address: **apply@LWIA51.com**. Once your email is sent, you will receive an automatic "**Do Not Reply**" email confirming the receipt of your email. If you have not received a response from our staff within five (5) business days, please contact 337-721-4010 and ask for a member of leadership.



WORKFORCE DEVELOPMENT BOARD



P.O. Box 1592 ~ 70602  
2424 3<sup>rd</sup> Street ~ 70601  
Lake Charles, Louisiana  
Website: [www.calcasieuparish.org/wdb](http://www.calcasieuparish.org/wdb)

Local Workforce Development Area (LWDA) 51/Region 5  
Serving Allen ~ Beauregard ~ Calcasieu ~ Cameron ~ Jefferson Davis ~ Vernon Parishes  
Calcasieu Consortium Workforce Development Board (WDB)  
Ms. Stephanie Seemion, WDB Director

Phone: 337-721-4010  
Fax: 337-721-4186  
TDD 1-800-947-5277 or 711  
Email: [sseemion@lwia51.com](mailto:sseemion@lwia51.com)

## WIOA Eligibility Pre-Screening Form

Thank you for your interest in the Workforce Innovation and Opportunity Act (WIOA) program. To help us expedite your application please complete the form below. Your answers to these questions will help us determine if you meet initial criteria for certain funding assistance that may include, tuition, supplies, tools, fees, childcare, or transportation, etc.

Please complete all questions with accurate information so that we may assess your situation and provide the most assistance. If you are likely to be eligible based on your answers, you will be contacted to provide additional documentation to verify your eligibility. Please attach all supporting documentation for income, dislocation, or youth barrier(s). Refer to page 7 for a list of acceptable documentation. For additional family members, please see page 8. **Please provide the following information:**

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Primary Phone Number:	<input type="text"/>	Alternate Phone Number:	<input type="text"/>
Parish of Residence:	<input type="text"/>	Primary Email Address:	<input type="text"/>

Are you interested in the following?  Work Based Training  Classroom Training  Other: \_\_\_\_\_

- Highest Level of Education:
- Less than High School
  - High School Diploma or Equivalent
  - Technical School/College/University

Which of our Training Providers are you attending or are planning to attend? Select One:

- Lake Charles Area Electrical JATC
- McNeese State University
- Coastal Truck Driving – Alexandria or Opelousas Campus
- CDL Mentors
- Sowela Technical Community College – Lake Charles, Morgan Smith, or Oakdale Campus
- CLTCC – Lamar Salter (Leesville, LA)
- Northwestern State University at Fort Polk, LA
- SLCC – Acadian Campus (Crowley, LA)
- Other: \_\_\_\_\_

What is the name of the training, degree, or certificate program? \_\_\_\_\_

Have you applied for WIOA/ITA before?  Yes  No If yes, what year? \_\_\_\_\_

What type of financial assistance are you in most need of:

- Tuition Assistance
- Supplies, Tools, or Uniforms
- Transportation
- Childcare
- Other: (please be specific) \_\_\_\_\_

# WIOA Eligibility Pre-Screening Form

## Section A: Adult Program Eligibility (Individuals ages 18 and up)

List all family members, including yourself living in your home that meets the following definition of family.

**FAMILY** – the term “family” means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife, and dependent children; (B) A parent or guardian and dependent children; (C) A husband and wife; (D) Single adult 18 years of age and older.

**\*Please attach supporting documentation for income, refer to page 7. For additional family members, please see page 8.\***

Full Name	Age	Relation to Applicant	Full Social Security Number (for anyone 14 years and over)	Income Amount for Last Six (6) months	Source of Income
1.		SELF			
2.					
3.					
4.					
5.					

Please select the category that applies? Yes  No

Are you Homeless? (\*\*See definition below from 42 U.S.C. 14043e–2(6)) Yes  No

(6) the terms “homeless”, “homeless individual”, and “homeless person”—  
 (A) mean an individual who lacks a fixed, regular, and adequate nighttime residence; and  
 (B) includes—  
 (i) an individual who—  
 (I) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;  
 (II) is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;  
 (III) is living in an emergency or transitional shelter;  
 (IV) is abandoned in a hospital; or  
 (V) is awaiting foster care placement;  
 (ii) an individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or  
 (iii) migratory children (as defined in section 6399 of title 20) who qualify as homeless under this section because the children are living in circumstances described in this paragraph;

Are you receiving, or in the past six (6) months has received or is a member of a family that is receiving or in the past six (6) months has received any of the following?:

- a. Temporary Assistance for Needy Families (TANF) Yes  No
- b. Supplemental Nutrition Assistance Program (SNAP f.k.a. Food Stamps) Yes  No
- c. Supplemental Security Income (SSI) Yes  No
- d. Louisiana Family Independence Temporary Assistance Program (FITAP) Yes  No
- e. Child Care Assistance Program (CCAP) Yes  No
- f. Section 8 Housing Program (State or Locally Funded) Yes  No
- g. Low-Income Home Energy Assistance Program (LIHEAP) Yes  No
- h. Louisiana Medicaid Program Yes  No
- i. Other Public Assistance: \_\_\_\_\_ Yes  No

By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a physical copy of this document. I attest that this form was completed to the best of my ability, and I understand that any fraudulent information could jeopardize my ability to receive WIOA funding. I further understand that my signature allows the release and exchange of information between WIOA and its partner agencies in order to determine my eligibility for WIOA services.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## WIOA Eligibility Pre-Screening Form

### Section B: Dislocated Worker Program Eligibility (Individuals ages 18 and up)

Dislocated workers are individuals who have lost their jobs due to a layoff. Also known as displaced workers, they've experienced job loss due to circumstances beyond their control. Workers who are terminated due to unsatisfactory job performance are not considered displaced workers. Please check any of the following option that may apply to you.

	Yes	No
Please select the category that applies?		
<b>Category 1:</b> Terminated or laid off, or has received notice of termination or layoff, <b>AND</b> is eligible for or has exhausted entitlements to Unemployment Compensation, <b>AND</b> is unlikely to return to previous industry or occupation.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 2:</b> Terminated or laid off, or has received notice of termination or layoff, <b>AND</b> has been employed for sufficient duration (based on LWC policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, <b>OR</b> the employer is not covered under the state UC law <b>AND</b> is unlikely to return to previous industry or occupation.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 3:</b> Individual is terminated or laid off or has received notice of termination or layoff from employment as a result of the <b>Permanent closure</b> of <b>OR</b> <b>substantial layoff</b> at a plant, facility, or enterprise.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 4:</b> Individual is <b>employed</b> at a facility where the employer has made a <b>general announcement that the facility will close</b> . <i>Note: Enter the date the facility will close (if known) in the Projected Layoff Date below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 5:</b> Individual was <b>previously self-employed</b> (including farmers, ranchers, and fishermen) but is <b>unemployed</b> due to general <b>economic conditions</b> in the community of residence or because of <b>natural disaster</b> . <i>Note: Record the last date of self-employment in the Actual Layoff Date.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 6:</b> <b>Displaced Homemaker:</b> An individual who has been providing <b>unpaid services to family members</b> in the home <b>AND</b> has been dependent on the income of another family member but is <b>no longer supported by that income</b> ; <b>OR</b> is the <b>dependent spouse</b> of a member of the Armed Forces on active duty and whose <b>family income is significantly reduced</b> because of a deployment, ora call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; <b>AND</b> is <b>unemployed</b> or <b>underemployed</b> <b>AND</b> is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 7:</b> The <b>spouse of a member of the Armed Forces</b> on active duty, <b>AND</b> who has experienced a <b>loss of employment as a direct result of relocation to accommodate a permanent change in duty station</b> of such member.	<input type="checkbox"/>	<input type="checkbox"/>

## WIOA Eligibility Pre-Screening Form

Category 8: The **spouse of a member of the Armed Forces** on active duty and who is **unemployed** or **underemployed** **AND** is experiencing difficulty in obtaining or upgrading employment.

Category 12: National Dislocated Worker Grant (NDWG) eligibility: Individual **does not meet criteria outlined for Dislocated Workers in categories 1- 8 above**, but is **an individual that meets NDWG eligibility** outlined under WIOA Title I-D National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations **OR** Sec 170(b)(1)(B) workers affected by an emergency or major disaster (i.e. COVID-19).

None of the above. The individual does not meet the definition of Dislocated Worker.

*By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a physical copy of this document. I attest that this form was completed to the best of my ability, and I understand that any fraudulent information could jeopardize my ability to receive WIOA funding. I further understand that my signature allows the release and exchange of information between WIOA and its partner agencies in order to determine my eligibility for WIOA services.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# WIOA Eligibility Pre-Screening Form

## Section C: Youth Program Eligibility (Individuals ages 16 to 24)

<input type="checkbox"/>	Between the age 16-24. Your age is: _____
<input type="checkbox"/>	Receives Public Assistance (SNAP, TANF, etc.)
<input type="checkbox"/>	Attending ANY School <sup>1</sup>

<input type="checkbox"/>	Lives in High Poverty Area
<input type="checkbox"/>	Low income based on higher of Poverty Level or LLSIL
<input type="checkbox"/>	Not attending ANY School <sup>2</sup>

<sup>1</sup>Attending School means is current enrolled in High School or Registered for Classes at College or University).

<sup>2</sup>Not attending School means is **NOT** current enrolled in High School or Registered for Classes at College or University).

Please check all that apply if you are between to ages of 16 – 24 years old.

- A school dropout (**doesn't include college**)
- A youth who is within the age of compulsory school attendance but has not attended school for at least the most recent complete school year calendar quarter. School year calendar quarter is based on how a local school district defines its school year quarters; **(17 years of age or younger)**
- A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner
- An individual who is subject to the juvenile or adult justice system
- A homeless individual
- A runaway
- An individual who is in foster care or has aged out of the foster care system
- A child eligible for assistance under Section 477 of the Social Security Act, or
- An individual who is in an out-of-home placement
- An individual who is pregnant or parenting;
- An individual with a disability
- A low-income individual who requires additional assistance to enter or complete an educational program or secure or hold employment.
  - Failed any part of the LEAP Test
  - Emancipated youth
  - Youth who is underemployed
  - Is or was a ward of the State
  - Has been referred to or treated by an agency for substance abuse/ psychological problems
  - A victim of domestic abuse or violence
  - Has a currently incarcerated parent(s)
  - Has neither the work experience nor the credential required for an occupation in demand for which training is necessary and will be provided
  - Has been fired from a job within the six (6) months (or longer if the last job) before application

*By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a physical copy of this document. I attest that this form was completed to the best of my ability, and I understand that any fraudulent information could jeopardize my ability to receive WIOA funding. I further understand that my signature allows the release and exchange of information between WIOA and its partner agencies in order to determine my eligibility for WIOA services.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a physical copy of this document. I attest that I am the parent/legal guardian of the stated minor listed above. I further attest that this form was completed to the best of our ability, and I understand that any fraudulent information could jeopardize the applicant's ability to receive WIOA funding. I further understand that my signature allows the release and exchange of information between WIOA and its partner agencies in order to determine the applicant's eligibility for WIOA services.*

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

# 2021/2022 WIOA Poverty Guidelines for LWDA51

Family Size	Poverty	70% LLSIL Metro	70% LLSIL Non-Metro
	02/01/2021 from HHS	From Fed Register 04/09/2021 Calcasieu & Cameron	From Fed Register 04/09/2021 Allen, Beauregard, Jeff Davis and Vernon
1	<b>\$12,880</b>	\$9,897	\$9,616
2	<b>\$17,420</b>	\$16,217	\$15,753
3	<b>\$21,960*</b>	<b>\$22,258</b>	\$21,620
4	\$26,500	<b>\$27,479</b>	<b>\$26,689</b>
5	\$31,040	<b>\$32,432</b>	<b>\$31,496</b>
6	\$35,580	<b>\$37,931</b>	<b>\$36,833</b>
7	\$40,120	<b>\$43,430</b>	<b>\$42,170</b>
8	\$44,660	<b>\$48,929</b>	<b>\$47,507</b>
9 and above	For Poverty Rate, add <b>\$4,540</b> per person	For Metro add <b>\$5,499</b> per person	For Non-Metro add <b>\$5,337</b> per person

***\*For the LLSIL Non-Metro Family Size of 3, please use the amount in yellow.***

HS Poverty Level Information Website: <https://aspe.hhs.gov/2021-poverty-guidelines> (HHS Poverty Level went into effect on February 01, 2021. Federal Register: 86 FR 7732)

WIOA LLSIL Information Website: <https://www.dol.gov/agencies/eta/llsil> (WIOA LLSIL went into effect on April 9, 2021. Federal Register: 86 FR 18555)

# ELIGIBILITY VERIFICATION RECORD

- PROOF OF CITIZENSHIP**
  - Birth Certificate
  - Hospital Record of U.S. Birth
  - Voter Registration Card (NOT APPLICATION)
  - DD-214, Report of Transfer (if place of birth is shown)
  - U.S. Passport
  - Naturalization Certification
  - Alien Registration Card Indicating Right to Work
  - Foreign Passport Stamped Eligible to Work
- PROOF OF FAMILY INCOME** (For past 6 months)
  - Pay stubs
  - Employer contacts
  - U.I. Documents
  - Public Assistance Records
  - W-2 Forms
  - Any Types of social Security
  - Legal Documentation (child support/alimony)
- PROOF OF RESIDENCE**
  - Valid LA Driver's License (with current address)
  - Utility Bill in APPLICANT'S NAME (most recent)
  - Rent Receipts in APPLICANT'S NAME
  - Public Assistance Records
  - Post-marked mail addressed to APPLICANT (current month)
- APPLICANT'S SOCIAL SECURITY CARD**  
(Original SS Card with NO ALTERATIONS)  
Must be Signed. Applicant will be registered with name as shown on the Social Security Card.
- SOCIAL SECURITY NUMBERS**  
MUST provide Social Security Numbers for ALL family/household members, 14 years of age or older.
- FIVE REFERENCES (ON BACK)**  
[References cannot reside in the same household]
- LIST CURRENT & FORMER EMPLOYERS**  
(ON BACK)
- GRADES, SCHEDULE, ITEMIZED FEE BILL**
- PELL GRANT AWARD LETTER**  
(If Applicable)
  - Award letter from FAFSA or School Financial Aid Office
- ADVISOR FORM, ACT or COMPASS SCORES, BUDGET ASSIGNMENT and Proof of High School Diploma or GED**
- AUTOMOBILE INSURANCE IF REQUESTING ASSISTANCE WITH MILEAGE**
- LETTER OF REQUEST FROM CLIENT IF REQUESTING ANY TYPE OF SUPPORT SERVICE**
- ACCEPTANCE LETTER FOR RN CLINICAL Any School)**
- PROOF OF UNEMPLOYMENT BENEFITS & PROOF OF TERMINATION/LAY-OFF**  
(If Applicable)
  - Pink Slip
  - Lay-off Notice
  - Letter from business
  - U.I. Profile Letter
- PROOF OF PUBLIC ASSISTANCE**  
(If Applicable)
  - Welfare Verification (Applicant)
  - SSI Papers (Household)
  - Food Stamps Form (Applicant)
- PROOF OF DISABILITY (If Applicable)**
  - Vocational Rehabilitation Agencies
  - Social Services Agencies
  - Veteran's Administration
  - Doctor's Referral
  - Worker Compensation Record
  - School Record
- PROOF OF VETERAN STATUS**  
(If Applicable)
  - DD-214
  - Discharge Papers
- PROOF OF MILITARY REGISTRATION**  
(Selective Service Verification Form, MALE applicant born on or after 01/01/1960, who is between 18-26 years of age: Will be verified by HIRE



# WIOA Eligibility Pre-Screening Form

## Additional Family Members

<i>Full Name</i>	<i>Age</i>	<i>Relation to Applicant</i>	<i>Full Social Security Number (for anyone 14 years and over)</i>	<i>Income Amount for Last Six (6) months</i>	<i>Source of Income</i>
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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16.					
17.					
18.					
19.					
20.					