

# Workforce Innovation and Opportunity Act (WIOA)

Youth Intake Form Ages 16-24

**IDAHO**  
DEPT. OF LABOR

## APPLICANT INFORMATION

Name:

Date:

Phone:

Email:

Birthdate:

Address:

How did you hear about WIOA?

Are you interested in education  
or training?

YES ☐ NO

Are you interested in assistance  
with finding employment?

☐ YES ☐ NO

## CONTACT PEOPLE:

Provide names, phone numbers and email address of two family members or friends

Name:

Relationship:

Phone:

Email:

Name:

Relationship:

Phone:

Email:

## ELIGIBILITY:

Please check any box that applies to you. If unsure, check the box and discuss more at interview.

☐ Food Stamps in the last 6 months

☐ School Drop-out? Highest grade level completed: \_\_\_\_\_

☐ Pregnant or Parenting

☐ Offender (involvement in justice system) PO: \_\_\_\_\_

☐ Homeless or Runaway

☐ Disability: physical, mental, or medical condition that can make it difficult to attend school or work.

☐ Foster Child (Now or previously)

☐ Refugee Assistance

## WORK HISTORY

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

Employer:

Job Title

Start date

End date

Hours per week

Reason for leaving

Job

Duties:

## TELL US ABOUT YOURSELF

## HOW CAN WE HELP YOU?