



## Young Adult Services Application (for out-of-school youth)

Services available include career assessment and planning; post-high school planning and tuition assistance for training; job search assistance; financial assistance for job-related expenses; paid work experience at a worksite in Washington County; and referrals to community resources.

**The following are required with your application to verify eligibility:**

1. Copy of social security card, or recent W-2, or recent tax return
2. Photo ID (passport, school ID, state ID or driver’s license)
3. Proof of date of birth (passport, birth certificate, state ID or drivers license)
4. Address verification (state ID or driver’s license; envelope addressed to you that has US Postal Service cancellation mark on it; or a billing statement addressed to you)
5. Math and reading grade level equivalents – if you are unable to provide this information from a school, you will be required to take a math and reading assessment
6. Verification of disability, if applicable

***The application must be complete and the items above must be included in order to be considered for participation in services.***

Mail completed applications to:  
Attn: Youth Program  
Washington County CareerForce  
2150 Radio Drive  
Woodbury, MN 55125

Contact staff at [wfcyouthprogram@co.washington.mn.us](mailto:wfcyouthprogram@co.washington.mn.us),  
651-275-8657, or Minnesota Relay 711 with questions

Cottage Grove  
13000 Ravine Parkway S  
Cottage Grove, MN 55016  
Phone: 651-430-4162  
Fax: 651-430-4157

Forest Lake  
19955 Forest Road N  
Forest Lake, MN 55025  
Phone: 651-275-7265  
Fax: 651-275-7266

Government Center  
14949 62nd Street North  
P.O. Box 6  
Stillwater, MN 55082-0006  
Phone: 651-430-6455  
Fax: 651-430-6605

Woodbury Service Center  
2150 Radio Drive  
Woodbury, MN 55125  
Phone: 651-275-8651  
Fax: 651-275-8682

[www.co.washington.mn.us](http://www.co.washington.mn.us)

Equal Employment Opportunity / Affirmative Action

**We are an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities**

### Washington County WIOA OSY Eligibility

- 1) Age 16 – 24, AND
- 2) Not attending **any\*\*** school, AND
- 3) **One or more** of the following:
  - Drop-out
  - Within age of compulsory attendance – between 7 and 17 generally in MN – but has not attended school within at least the most recent school year quarter
  - Possesses a high school diploma or equivalent, **AND** is low-income, **AND** either basic skills deficient or an English language learner
  - Offender
  - Homeless (must meet criteria of either the Violence Against Women Act of 1994 or the McKinney-Vento Homeless Assistance Act)
  - Runaway
  - In foster care or aged out of foster care, or age 16+ who has left foster care for kinship guardianship or adoption
  - In out-of-home placement
  - Pregnant or parenting
  - Has a disability
  - Low-income **AND** requiring additional assistance to enter or complete an educational program, or to find a job, or stay employed

**\*\*** Attendance in GED classroom and/or GED testing **qualifies as not attending** any school

## OSY – Young Adult Services Application

### IDENTIFICATION INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone# (cell  landline ) \_\_\_\_\_

Are you okay receiving text messages from CareerForce staff? Yes  No  Your cell phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Name & Phone (different than home phone): \_\_\_\_\_

Alternate contact's relationship to you: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male  Female

#### FAMILY STATUS (check one)

- Living with my family who provides **more than** 50% of my support
- Living with my family who provides **less than** 50% of my support
- Living on my own
- Parent in 1-parent family (sole custodial support for one or more children at home under age 18)
- Parent in 2-parent family (share custodial support for one or more dependent children living at home)

#### RACE/ETHNIC STATUS (check all that apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Hawaiian Native/Pacific Islander
- I choose not to disclose

#### ETHNICITY – Hispanic or Latino

I am of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture origin. Yes  No

#### Limited English Proficiency

- English is not my native language, and it is difficult for me to communicate in English

#### VETERANS STATUS (check one)

- I served in the active U.S. military, naval or air service for a period of **less than or equal to 180 days**, and was discharged under conditions other than dishonorable.
- I served in the active U.S. military, naval or air service or as a member of a reserve unit competent under an order to active duty for a period of **greater than 180 days** and was discharged or released under conditions other than dishonorable discharge.
- I am a transitioning service member (separating or retiring from the US armed forces, within 12 months of separation or within 24 months of retirement.)
- Spouse of a veteran.
- None of the above.
- I choose not to disclose.

## ELIGIBILITY INFORMATION

### CITIZENSHIP STATUS (check one)

- U.S. citizen or naturalized citizen of the United States
- Eligible permanent resident holding a Green Card
- Lawfully admitted refugee or asylee holding form I-94(Arrival Departure Record) **and** EAD card (Employment Authorization document, red card)
- Granted Temporary Protected Status (TPS) by the U.S. Dept. of Homeland Security **and** holding an EAD (Employment Authorization Document, red card)
- None of the above situations apply

### SELECTIVE SERVICE (check one)

- I am registered. Registration # \_\_\_\_\_
- Required to register, but not yet registered
- Neither situation above applies

FAMILY SIZE = \_\_\_\_\_

What is the total number of persons living in your household who are related by blood, marriage or adoption? (This should be the **maximum number** at any time during the **last six months** including stepchildren or stepparents.)

### ANNUALIZED INCOME

List **all before-tax (gross)** income during the last **six months**. Include income from **all family** members.

Family member name (include your name)	Relationship to you	Date of Birth	Type of Income	Past 6 months' income total
	<b>Self</b>			

**TOTAL FOR PAST SIX MONTHS: \$** \_\_\_\_\_

**FOR OFFICE USE ONLY – TOTAL ANNUALIZED INCOME \$** \_\_\_\_\_

### FINANCIAL ASSISTANCE

Check any that you or your family receive:

- SSDI
- SSI
- General Assistance
- Refugee Assistance
- MFIP/DWP (MN Family Investment Program / Diversionary Work Program)
- SNAP (Food Support)
  - I don't receive (SNAP) food support benefits, but I am interested in learning more and applying for benefits.

### FOSTER CHILD

- I am a foster child on whose behalf state or local (county) government payments are being made.
- I lived in foster care but no longer am living in foster care.

### DISABILITY STATUS

- I have a physical, mental, learning, emotional/behavioral disability, or history of substance abuse that **DOES NOT** make it hard to obtain or keep a job.
- I have a physical, mental, learning, emotional/behavioral disability, or history of substance abuse that **DOES** make it hard to obtain or keep a job.
- Neither situation above applies
- I choose not to disclose

**PARENTING/PREGNANT YOUTH**

I am age 24 or under with responsibility to support dependent children, or I am now pregnant.  Yes  No

**RUNAWAY YOUTH**

I am 24 years of age or less, living away from home without permission of parent(s) or legal guardian.  Yes  No

**HOMELESS** I do not have a fixed, regular, and adequate nighttime residence.  Yes  No

**OFFENDER** I have been arrested or convicted **OR** have been involved with the courts, probation or a diversion program.  Yes  No

**RECOVERING CHEMICALLY DEPENDENT**

I have previously used or abused alcohol/drugs **AND** am not presently using or abusing alcohol/drugs, but past use/abuse has caused a problem with school or work.  Yes  No

**EDUCATION STATUS AT APPLICATION (check all that apply)**

- Not registered for/not enrolled in/not attending any school
- Enrolled and attending GED program
- High school graduate
- School dropout (date of last attendance: \_\_\_\_\_)
- Other: \_\_\_\_\_

**EDUCATION INFORMATION****HIGHEST GRADE COMPLETED**

Include high school, GED, vocational/technical, military, college or other.

School Attended	Dates Attended	Highest Grade Completed	Degree or Certificate	Area of Study

Did you have an Individualized Education Plan (IEP) while in school?  Yes  No

If yes, who was your IEP case manager? \_\_\_\_\_

**PELL GRANT RECIPIENT**

Are you receiving, or have you been notified that you will be receiving a Pell Grant?  Yes  No

**EMPLOYMENT INFORMATION****LABOR FORCE STATUS in the last 7 days I was: (select one)**

- Employed Full-time** (worked as a paid employee for 31 hours or more per week)
- Employed Part-time** (worked 30 hours or less per week)
- Employed, but have a termination notice or military separation**
- Self-employed**
- Not employed & was not self-employed**
- Not employed – was self-employed (non-farm work)**
- Not employed – was self-employed (farm-related work)**
- Not in labor force**

**SIGNIFICANT WORK HISTORY**

During the past 2 years, I have worked for the same employer for longer than 3 months in a row.  Yes  No

**UNEMPLOYMENT INSURANCE STATUS**

- Eligible Claimant** I have filed a claim and have been determined eligible; **or** I am receiving benefit payments and have not exhausted benefit payments.
- Exhaustee** I did receive and have exhausted UI benefit payments.
- Ineligible but with Labor Force Attachment** I was working but didn't earn enough to be eligible, **or** I worked for an employer who was not covered under a state unemployment compensation law.
- None of the above

**# OF WEEKS UNEMPLOYED**

Have you worked during the most recent 27 weeks?  Yes  No

**MOST RECENT HOURLY WAGE** \$ \_\_\_\_\_ per hour

**MOST RECENT JOB TITLE** \_\_\_\_\_

**WORK HISTORY (Start with most recent employment)**

DATES EMPLOYED		EMPLOYER'S NAME & ADDRESS	WORK EXPERIENCE
From: Month Year		Name	Job Title
_____ / _____			
To: Month Year		City/State	Responsibilities/Tasks Performed
_____ / _____			
Wage/Hr	# Hrs/Wk	Reason for Leaving	

DATES EMPLOYED		EMPLOYER'S NAME & ADDRESS	WORK EXPERIENCE
From: Month Year		Name	Job Title
_____ / _____			
To: Month Year		City/State	Responsibilities/Tasks Performed
_____ / _____			
Wage/Hr	# Hrs/Wk	Reason for Leaving	







**I'M INTERESTED IN THE FOLLOWING SERVICES:**

- Job search
- Career planning and assessment
- Tuition assistance
- Paid work experience

For paid work experience, please rank your preference (*1 = first choice, 2 = second choice, etc.*)

- \_\_\_ Janitor or Custodian's Helper – cleaning in school or public building
- \_\_\_ Outdoor Maintenance – cutting grass, planting, park upkeep
- \_\_\_ Teacher's or Recreational Assistant – working with children in daycare and/or summer recreation
- \_\_\_ Clerical/Office Assistant – answering phones, filing, typing, receptionist-type duties, etc.
- \_\_\_ Thrift Store – stocking, organizing, cleaning
- \_\_\_ Library – shelving, organizing
- \_\_\_ Food Service – fast food, bakery, cafeteria
- \_\_\_ Other: \_\_\_\_\_

Work days and hours available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Do you have any physical conditions that limit the type of work you can perform? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**My Skills:** \_\_\_\_\_

**My Interests:** \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

How will you get to work or school? Car \_\_\_\_\_ Bus \_\_\_\_\_ Bike \_\_\_\_\_ Walk \_\_\_\_\_ Other \_\_\_\_\_

What 2 or 3 things could prevent you from following through with your plan? \_\_\_\_\_  
\_\_\_\_\_





**CONSENT FORM:  
RELEASE FOR MEDIA/PUBLICATION/MARKETING**

I, \_\_\_\_\_, allow Washington County CareerForce & Minnesota Department of Employment and Economic Development (DEED) to release information, photographic and/or video images of me to the media and to publish in DEED and/or CareerForce publications and websites.

I understand that my signature releases any claim that may arise against Washington County and State of Minnesota or their employees.

**NAME (PLEASE PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*If the individual is under 18, we also require a parent or legal guardian to sign:*

**NAME (PLEASE PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Cottage Grove  
13000 Ravine Parkway S  
Cottage Grove, MN 55016  
Phone: 651-430-4159  
Fax: 651-430-4157  
MN Relay 711

Forest Lake  
19955 Forest Road N  
Forest Lake, MN 55025  
Phone: 651- 275-7260.  
Fax: 651-275-7263  
MN Relay 711

Government Center  
14949 62nd Street North P.O. Box 30  
Stillwater, MN 55082-0030  
Phone: 651-430-6455  
Fax: 651-430-6605  
MN Relay 711

Woodbury Service Center  
2150 Radio Drive  
Woodbury, MN 55125  
Phone: 651-275-8651  
Fax: 651-275-8682  
MN Relay 711

*We are an equal opportunity employer and program provider.  
A proud partner of the American Job Center network.*



## ***EQUAL OPPORTUNITY IS THE LAW***

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

### **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose):

**Local Equal Opportunity (EO) Officer:** Robin Hakari, Washington County WFC, 2150 Radio Dr., Woodbury, MN 55125, 651-275-8684 (Voice), 651-275-8682(FAX), [robin.hakari@co.washington.mn.us](mailto:robin.hakari@co.washington.mn.us)

**WIOA EO Officer:** Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), [Karen.Lilledahl@state.mn.us](mailto:Karen.Lilledahl@state.mn.us)

**State EO Officer:** Heather Stein, DEED, Office of Diversity & Equal Opportunity, 1<sup>st</sup> National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), [Heather.Stein@state.mn.us](mailto:Heather.Stein@state.mn.us)

**or**

**Director, Civil Rights Center (CRC), U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210**

**or**

electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

## How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and

Washington County Careerforce

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*Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.*

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When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about DEED Data Practices, visit <http://mn.gov/deed/about/what-guides-us/privacy>.

### Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

### Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

\_\_\_\_ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

\_\_\_\_ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature (if under 18, signature of Parent/Guardian)

\_\_\_\_\_  
Date