

WIOA Youth Program Referral Form

Youth's Name: _____ Referring Agency: _____

I hereby authorize the referring agency (listed above) and those acting on its behalf to obtain and transfer information which should benefit me regarding services and activities in the Bluegrass Area. I understand that the WIOA Youth Program will safeguard and protect my individual privacy as a client of the referring agency and the information obtained will only be used in the performance of their job duties. (P.L. 93-579) 5 USC 552a.

Signature: _____

Contact Information:

Phone Number: _____ Email: _____

Address: _____

Age: _____ Date of Birth: _____

Preliminary Verification Questions:

High School Diploma: Yes No GED: Yes No

Are you currently in school or attending training? Yes No

Are you currently employed? Yes No

Do you receive cash welfare (K-TAP)? Yes No

Does anyone in your family receive Social Supplemental Security (SSI)? Yes No

Are you listed on Food Stamps? Yes No

Please put a check mark beside any of the following that you believe are relevant to your current situation and may create a barrier to education or employment.

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|--|---|
| <input type="checkbox"/> Youth Needing Additional Assistance | <input type="checkbox"/> Homeless, Runaway, or Foster Child |
| <input type="checkbox"/> Parenting Youth | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> School Drop Out | <input type="checkbox"/> Offender |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Deficient in Basic Skills |