

Application for WIA Youth Services
University of Hawaii Maui College-KU`INA Program

Household Family Size:

Lives with: ___Parent(s) ___Guardian(s) ___Foster Parent(s) ___Self Other; specify_____

Number of people living in youth's household (*Family is considered mom/dad/children and/or husband/wife/children and/or legal guardian/foster parents/children*):_____

Household Income (*Calculated from last 6 months paystubs including income from ALL sources- ie: parents, working youth, etc*)
Note: do NOT include: unemployment insurance payments, child support payments, old age & survivor Social Security benefits, veterans disability benefits and/or public assistance)

\$_____ youth

\$_____ other household members (*include income for ALL other persons included in "Household/Family Size" above;*

Individual Barriers:

Displaced Homemaker ___Yes ___No Homeless ___Yes ___No Current/Former Foster Child ___Yes ___No

Runaway ___Yes ___No Pregnant or Parenting ___Yes ___No Single parent ___Yes ___No

Requires Additional Assistance:

Limited English: ___Yes ___No Gang Affiliated: ___Yes ___No Substance Abuse History: ___Yes ___No

Immigrant/Permanent Resident Alien: ___Yes ___No Parent/Guardian Currently Incarcerated: ___Yes ___No

At Risk of Dropping Out of High School: ___Yes ___No Other: _____

Current/Former Offender: ___Yes ___No

Parole/Probation Officer/Counselor_____ Phone No._____

Comments (*nature of offense, etc.*):

Disabilities:

Disability: ___Yes ___No; if yes, specify disability: _____

Does your disability substantially affect your ability to gain employment? ___Yes ___No

Is disability documented with any of the following (check all that apply)...

Physician ___Yes ___No High school ___Yes ___No College ___Yes ___No

Military:

Have you served in the U.S. Military, Naval or Air Service? ___Yes ___No Are you a spouse of a veteran? ___Yes ___No

Are you a campaign veteran? ___Yes ___No Are you a disabled veteran? ___Yes ___No

Are you a recently separated veteran (within last 48 months) ___Yes ___No; if yes, Date of Military Separation: _____

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Public Assistance: Does/did the youth or other household member(s) receive any of the following public assistance within the last six (6) months? (*Check all that apply*): Check here if non apply: _____

- | | |
|--|---|
| ___ TANF | ___ SNAP Benefits (Food Stamps) |
| ___ Supplemental Security Income | ___ Foster child payments from state/local government |
| ___ Social Security Disability Insurance Income (SSDI) | ___ Pell Grant monies |
| ___ Refugee cash assistance/ Cash assistance | ___ HUD (Housing Assistance) |
| ___ General assistance | |
| ___ Other; specify: _____ | |

Employment Information:

Currently employed? ___ Yes ___ No If employed: ___ Full time (40+) ___ Part time (-20) Looking for work? ___ Yes ___ No

Never been employed check here: _____ (and disregard below)

Currently receiving Unemployment Insurance? ___ Yes ___ No Have you received a layoff or termination notice? ___ Yes ___ No

Have you worked on a farm or as a migrant/migrant food processor at least 25 days in the past 12 months? ___ Yes ___ No

Employer #1: _____ Job Title: _____

Employer Address: _____

Job Description: _____

Date employed: _____ to _____ Hours per week: _____ Hourly wage: _____

Reason for Termination: _____

Employer #2: _____ Job Title: _____

Employer Address: _____

Job Description: _____

Date employed: _____ to _____ Hours per week: _____ Hourly wage: _____

Reason for Termination: _____

Youth & Parent/Guardian Certification:

I certify that the above information provided in this application is true and complete to the best of my knowledge. I know this information will be used to determine eligibility for WIA funded services. I further understand that I must provide requested documentation to verify the information provided in this application. I am aware that I (my child) may be terminated from the program if I (my child) am found to be ineligible for services and that I may be prosecuted for fraud and/or perjury for any willful misstatements and/or omissions of information on which eligibility is determined.

Youth's Signature

Date

Parent/Guardian's Signature
(if applicant under 18 yrs)

Date

PRINT Youth's Name

PRINT Parent/Guardian's Name

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Directions: Answer the following questions in complete sentences. Use the back of this sheet if you need more room. Incomplete applications will not be considered. These questions must be answered by youth.

1. Please list one personal short term goal and one academic short term goal: (by next year)

2. Please list at least one long term goal: (within the next 2-4 years)

3. Why would you be a good candidate for the Ku`ina Program?

4. Besides financial assistance, what else would you like to receive from Ku`ina?

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Documentation Requirements

Verifiable Criteria	Acceptable Documentation (choose only one document from this column to verify left column)		
Birth Date/Age (Applicant must be 16-21 yrs)	Birth certificate Hospital record of birth US passport DD-214 Military ID	Baptismal or church record showing birth date Driver's license showing birth date School records/ID showing birth date Federal, state or local government issued ID showing birth date Work Permit Public assistance records	
US Citizenship or Permanent Resident Alien Status	Birth certificate Hospital record of birth US Passport	Resident Alien Permit or Card (if NOT US citizen) US Naturalization Certificate Federal, state or local government issued ID indicating citizenship	
Selective Service Registrant (males 18 yrs and older)	Selective Service registration card Screen print out from Selective Service Verification internet site Any other registration verification issued by Selective Service		
School Status at Participation School Dropout (youth 18 yrs & under) At Risk of Dropping Out of High School HS/GED Graduate	4140 for current school year Written statement/record from youth's home school or educational institution Drop out letter School documentation HS Diploma/GED Certificate		
Homeless or Runaway	Written statement from social service agency Written statement from individual providing temporary residence	Written statement from homeless shelter	
Foster Child (foster child on whose behalf state or local government payments are made)	Court records/documentation Confirmation letter from social services agency		
Individuals with Disabilities (disability constitutes or results in a substantial barrier to employment)	Medical records Physician's written statement School official's written statement Psychiatrist's or psychologist's diagnosis/statement Written statement from agency providing treatment/rehab services to youth (e.g. drug/alcohol treatment program, counseling service, etc.)	School record (e.g. IEP) Observable condition	
Parent (male or female) or Pregnant Youth	Child/Children's birth certificate(s) If pregnant: Physician's written statement Written statement from cognizant social service agency	Hospital record(s) of birth Observable condition	Baptismal Record(s)
Offender (youth who is or has been subject to any stage of the criminal justice process) And/or Gang Affiliated	Court documents Written statement from parole/probation officer Written statement from other cognizant social service agency	Police records	
Substance Abuse History	12-Step documentation of meeting attendance Applicant statement if unable to retrieve documents Written statement or Telephone Verification from Cognizant Agency	Medical records Court documents	Police records School records
Household/Family Size (all persons related by blood, marriage or decree of court, residing in a single residence – parent(s)/guardian(s) and dependent children)	Written statement from landlord Lease showing household composition/size Written statement from cognizant social service agency Public assistance records		
Household/Family Income (include all sources of income for youth and all other individuals included in youth's household)	Note: submit any and all of the following that document total household/family income: Accountant statement Alimony agreement Employer statement written on employer letterhead Pension statements/payment records Family or business financial records of net income quarterly tax reports for 2 most recent quarters Regular insurance or annuity payments for self employed		
Public Assistance & Food Stamps (currently receives or received/determined eligible to receive within the prior 6 months)	Authorization to receive cash public assistance/food stamps Food stamps ID card with current date Food stamps/public assistance printout/records	Public assistance ID card showing cash grant Copy of public assistance check	
Social Security Number	Signed Social Security card School/government issued ID showing SS # Signed Tax return showing SS #	Driver's license showing SS # Pay stub showing SS # W-2	
Note: Please inform the Ku`ina Program staff if you're unable to provide any of the documentation listed above. A written statement/verification may be accepted to verify the eligibility information for which you're unable to provide documentation.			