



OhioMeansJobs.

Pike County
A proud partner of the
American Job Center network

Car Repair Program Eligibility

Must be **CURRENTLY EMPLOYED**
or **SEEKING EMPLOYMENT!**

Family Size	300% Poverty Guidelines
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8	\$158,160
<i>For Each Additional Member Add</i>	
\$16,140	

Income Requirement: **300%**
of the poverty line or less.



This program does **not** cover purchasing a vehicle, air conditioner, or non-essential repairs (example: body work).

All repairs must be done by a licensed garage and parts must be new.



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OhioMeansJobs Pike County
P.O. Box 799
941 Market Street
Pike County, Ohio 45661
Phone: (740) 289-2371
Fax: (740) 289-1859

It is YOUR responsibility to furnish the following documentation when reporting for your appointment. The Workforce Innovations and Opportunities Act (WIOA) Application Process cannot begin until all required information is present.

- Proof of income (paystubs) for the most recent six months (or 26 weeks) for every family household member or Proof of Food Stamp Benefits.**
- Valid Social Security Card or Birth Certificate.**
- Driver's License.**
- Proof of Residency if Driver's License has an incorrect current address.**
- Proof of Education Level: *Diploma or GED***
- Vehicle Title or Registration.**
- Proof of Vehicle Insurance.**
- Interview Packet and Intake Forms (*This complete application packet*).**
- 3 Price Quotes from 3 separate garages for the SAME list of repairs.**
- Create profile then complete practice WorkKeys and Career Profile on OhioMeansJobs.com**

I understand that if I am unable to get all the required documentation, the application cannot be taken at this appointment, but that I may reschedule when all documentation is available. The Workforce Innovations and Opportunities Act is not an entitlement program and approval is based on priority of need, fund availability, and suitability.

Customer's Signature

Date

Staff Initials



Intake Application

Name: Date of Birth: Soc.Sec.#:
Street: Gender: Male Female
City: State: Zip: County:
Email: Phone:

Highest Education Level (check one)

GED High School Grad. College (Degree): Still attending K-12 school? Yes No

Current Trade/Vocational Training or Skills Yes No (If Yes, Answer below)

Name of Focus/Program: Date Completed:

Type of Degree or Certificate: Vocational Certificate CDL Associates
BA BS Masters

Citizenship: US Citizen Registered Alien Refugee Other

What is your family size? Are you Homeless? Yes No

Do you have any type of Disability? Yes No If yes-please explain:

Are you currently employed? Yes Yes, but pending layoff No

Current/Recent Job Title: Current/Recent Employer:

City: State:

Start date for most recent employment: End date for most recent employment:

Average number of hours worked per week: Last hourly wage:

Have you ever been permanently laid off? Yes No

Was this layoff due to a business closure or reduction in workforce? Yes No

What is preventing you from obtaining employment now?

Lack of Child Care Lack of Transportation No Work Experience
Disability Homeless Other:

Unemployment Status: Currently receiving Exhausted Not receiving

Are you currently receiving SSI assistance? Yes No Amount:

Are you currently receiving SSDI assistance? Yes No Amount:

Are you currently receiving SNAP assistance? Yes No Amount:

Are you currently receiving TANF/OWF assistance? Yes No Amount:

Are you currently receiving Refugee assistance? Yes No Amount:

Are you registered with Selective Service? Yes No Selective Service #:

How did you hear about us?

Newspaper Radio Internet Billboard Other:

Partner Referral Family/Friend:

Please check all that apply to you:

Disabled Over age 55 No High School Diploma or equivalency
No Health Insurance Divorced or widowed Released from incarceration in the last 12 months
Youth 14-24 Pregnant In default with ANY Financial Aid

Do you have a valid Driver's License? Yes No

By signing this document below, you attest that all information provided is true and valid.

Applicant Signature

Date

STAFF USE ONLY
Initials Date Entered

Are you an Armed Forces Veteran? Yes No (If yes, answer below)

Are you on active duty? Yes, do not expect to be discharge within the next 12 months.
 Yes, expect to reture within the next 24 months. Not on Active duty.

Are you discharge or released? Yes, other than dishonorable discharge No
 Yes, due to disability incurred in or aggravated by military service.

I served on active duty for a period of one day or more. Yes No

I was awarded a Campaign Medal. Yes No Campaign: _____

I have a Service Connected Disability rated by the VA at: Less than 30% 30% or more

Are you a Chapter 31 Veteran? Yes No

Are you the Spouse of a Veteran? (If yes, answer below) Yes No

Died as a result of a Service Connected Disability? Yes No

Has a permanent, total disability resulting from a Service Connected Disability? Yes No

Is listed and has been listed Missing in Action for more than 90 days? Yes No

Veteran Homeless Details

Have you served at least one day of active duty service and lack a fixed, regular, and adequate nightting residence? Yes No

Veteran Details Continued...

Branch of Service? _____ Campaign Medal: _____

Service Start Date: _____ Discharge Date: _____ Type of Discharge: _____

Are you receiving Veteran's Disability Benefits or have a pending claim? Yes No Disability Percentage: _____

Are you receiving other Veteran's Benefits? Yes No Type of Benefits: _____

Were you as an active duty service member involuntarily separated because of a reduction in force, illness, or wound/injury? Yes No

Are you the spouse or family caregiver of a veteran with a service connected death or disability, OR who is listed missing in action or captured in the line of duty for a total of more than 90 days, OR who is wounded, ill, or injured and receiving treatment in military treatment facilities or warrior transition units? Yes No

Are you a veteran or Transitional Service Member age 18 to 24? Yes No

Are you a transitioning Service Member with a DD-2958? Yes No

Do you lack a permanent, nightttime residence (or live in a shelter) OR are fleeing domestic violence? Yes No



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Receipt of Services

Community Action Committee of Pike County
941 Market Street, Piketon, Ohio 45661
(740) 289-2371 FAX: (740) 289-1859

REFERRED BY: _____

NAME: Mr./Mrs./Ms. _____
ADDRESS: _____ CITY: _____ ST.: _____ ZIP: _____
PHONE #: _____ E-MAIL: _____

The Customer has verified the Receipt of Following Services on the Dates Indicated:

Services Received	Date	Services Received	Date
Intake		Job Search	
Information on the Labor Market		Career Exploration	
Information on OhioMeansJobs Pike County Partners _____		Completed Electronic Job Search	
Information on Supportive Services		Resume Assistance	
Information on Filing UI		Workshop Services	
Filed UI Claim (Phone or Online)		Case Management	
Re-employment Activities		Adult Education Services	
Help with Financial Aide Resources		WIOA Services	
In-house CAC Agency Referral		Registered on OhioMeansJobs.com	

Any Applicable Notes:

If Applicable Below:

Customer has had no Positive Response from Job Referrals or Interviews During Job Search.		
Job Search:	Start Date:	End Date:
No Suitable Job Orders for this Customer's Present Marketable Skills and Transferable Skills within the Past Six (6) Months		

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any and all information necessary for verification purposes.

Participant's Signature

Date



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INTERVIEW PACKET (Objective Assessment)

NAME _____ DATE _____

ADDRESS _____

EMAIL _____ HOME PHONE # _____ CELL PHONE # _____ MESSAGE PHONE # _____
Texting Yes No

Do you have a Social Media that you can be contacted at? Yes No If yes name of site & username: _____

PLEASE READ CAREFULLY

To develop a workable plan to assist you in reaching your educational, training and employment goals, we need to know about your background in all areas that will affect your ability to take part in employment and training activities. Information that you provide to OhioMeansJobs – Pike will be used only to determine the best course of action for you and it will not be shared with any other person or agency without your consent.

The ultimate goal of OhioMeansJobs - Pike is to assist customers in entering gainful full-time employment. Even though your immediate goals may be education or training, all information requested here is directed toward determining what steps are necessary to help you become employable.

Answer the following questions as completely as possible. If you are unsure about any item, leave it blank. This form will be discussed with you by an OhioMeansJobs - Pike staff person.

A. General

How did you learn about OhioMeansJobs - Pike?

School Friend/Acquaintance News Media Referral by Other Agency

Other _____

What assistance do you want from OhioMeansJobs - Pike?

Education/Training Job Search Other _____

For Education/Training: What are your plans after training? _____

For Job Search: How flexible is your schedule? _____

Are you a foster child or have you aged out of the foster system? Y N

Are you currently in default of any student loans?..... Y N

Are you registered with selective service (males over the age 18)? Y N Exempt

B. Employment Status

Are you currently employed? Y N Hours per week: _____ Circle Shift: 1st 2nd 3rd

Will your current job affect your school performance? Y N

If yes, in what way? _____

Are you planning to stay employed while in training ?..... Y N
What is your plan for going to school while still working? _____

How many employers have you worked for during the last 5 years? _____
How many days were you absent/late in the last 6 months of employment? _____

Have you encountered problems with supervisors/co-workers in the past? Y N

Have personal problems unrelated to the job interfered with employment in the past? Y N
If yes, please explain. _____

Have you ever been fired from a job? Y N

Do you have a disability or personal circumstances that do not allow your employment
in previously held occupations? Y N

What specific skills have you acquired in your past employment? _____

What encourages you to do a good job? _____

Are you looking for a permanent or temporary job? _____

How many hours per week do you plan on working? _____

What wage or salary do you expect? _____

Are there any jobs that you would not accept? Y N
If yes, please explain. _____

C. Health/Physical Considerations

Health or Physical limitations do not disqualify a person from participation in training or employment; however, the existence of such conditions may create special need for you, the training institution or the employer. Do any of the following apply to you?

Limitations on: (Circle Yes or No)

Standing.....	Y	N	Bending.....	Y	N
Walking.....	Y	N	Hearing.....	Y	N
Sitting.....	Y	N	Vision.....	Y	N
Lifting.....	Y	N	Depth Perception.....	Y	N
Climbing.....	Y	N	Distinguishing Colors....	Y	N
Balancing Yourself.....	Y	N	Other _____		

D. Personal/Situational Considerations

Some employers conduct background investigations of employees in such areas as criminal records, wage garnishments or attachments, driver’s license suspension or pending legal actions.

Will anything in this area present a problem in either training or employment? Y N

COMMENTS: _____

Do you have:

- Child care including back-up for emergencies? Y N N/A
- Someone other than a child to care for at home? Y N
- Clothing for training, interviews or work? Y N
- If no, explain _____
- Adequate food? Y N
- Adequate housing? Y N
- Adequate medical care? Y N
- Financial problems holding your back? Y N
- Encouragement and support from spouse, family and others? Y N
- A quiet working space in your home? Y N

Do you need to: (Circle Yes or No)

- Pay past due utilities..... Y N
- Get a telephone..... Y N
- Reduce your housing costs..... Y N
- Move or relocate to another location..... Y N
- Acquire emergency/temporary housing..... Y N
- Collect/Pay child support..... Y N
- Address legal issues..... Y N
- Get protection from a violent person..... Y N
- Complete community service hours..... Y N
- Acquire emergency/temporary housing..... Y N
- Protect your child from child abuse..... Y N
- Improve your relationship with a spouse/significant other..... Y N
- Learn how to control your anger..... Y N
- Find a safe home for your children..... Y N
- Improve your parenting skills..... Y N
- Pay past-due family bills/debts..... Y N
- Learn money management skills..... Y N

Office Staff Notes:

Working Conditions

Are you willing to work/train under the following conditions? (Circle Yes or No)

Mostly Inside.....	Y	N	Mostly Outside.....	Y	N
Extreme Cold.....	Y	N	Extreme Heat.....	Y	N
Wet & Humid.....	Y	N	Noise & Vibration.....	Y	N
Fumes, Odors, Dust.....	Y	N	Other _____		

E. Transportation

Do you have a valid driver's license?..... Y N

If NO, why? _____

Check which method you will use to travel to training, work or school:

own car parent/friend provides transportation borrowed car
 walk car pool other _____

Can you always count on that transportation?..... Y N

What kind of vehicle will you be using for training/job search? _____

Is your name on the vehicle title? Y N N/A

F. Job Finding/Job Keeping

When is the last time you filled out an employment application? _____

How did you find your last job? _____

Do you have a current resume?..... Y N

Does your resume need updated? Y N

Do you have Job References?..... Y N

Do you have Personal References?..... Y N

Have you registered with the Employment Service?..... Y N

Can you describe your skills to an employer?..... Y N

Are you willing to make job-hunting a full-time effort?..... Y N

Are you worried about:

Job interview skills?..... Y N

Not having adequate reading/writing skills?..... Y N

Not having adequate mathematical skills?..... Y N

Not having adequate computer skills?..... Y N

Losing your government funds/assistance?..... Y N

Your age?..... Y N

If you need to improve your writing/reading, math or computer skills, would you be willing to attend the Adult Basic Literacy Education Program (ABLE) and/or computer classes to improve your basic skills?..... Y N N/A

G. Career Planning:

What is your Educational/Employment Goal? _____

Have you thought about the type of training necessary to achieve this goal?..... Y N

What steps must you take before you can reach this Goal? _____

Do you have a job opportunity in your selected Career Goal?..... Y N

How many miles would you be willing to commute for employment and/or training? _____

Are you willing to travel for your employment? Y N If yes, what percentage of the time? _____

At what companies/institutions might you apply to seek employment? _____

What is the income for this position? _____/hourly _____/yearly

Will this income give you the ability to become self-sufficient? Y N

Are You Currently Attending a Training Program? Y N NA

If yes, what is your Field of Study? _____

If yes, what is your overall Grade Point Average? (Circle One)

0 points	.67 to 1.5	1.6 to 2.5	2.6 to 3.5	3.6 to 4.0
F	D	C	B	A

How many days were you absent last quarter/semester? _____

Absences for this quarter/semester to current date: _____

How many credit hours are you taking? _____

List classes: _____

When do you set aside time to study? _____

What are your plans after training? _____

H. Financial Concerns

Please indicate your current monthly income and expenses. Enter an estimated amount in the appropriate blank.

Monthly Income	Amount		Monthly Expenses	Amount
Personal Income			Rent/Mortgage	
Family Member Income			Food	
Unemployment Compensation			Home Insurance	
Workers' Comp			Car Insurance	
Social Security Benefits			Life/Health Insurance	
SSI			Natural Gas	
Aid for Dependent Children			Electricity	
General Assistance			Heating Oil	
Educational Grant			Water/Sewage	
Veteran's Benefits			Garbage	
Retirement Benefits			Phone	
Medicare/Medicaid			Cable TV	
Food Stamps			Medical Expenses	
Subsidized Housing			Child Care/Elder Care	
Child Support			Child Support	
Other: _____			Care Maintenance/Gas	
Other: _____			Other: _____	

Total Income: _____ minus Total Expenses: _____ Equals what is left: _____

Additional economic information and/or financial factors: _____

I. Military History:

Have you been in the military? Y N

Military Status (circle one) Active Inactive Interested in Applying

Military Branch (circle) Army Navy USAF USMC USCG US Merchant Marine

Veteran Status: _____ Years in Military: _____ Discharge Rank: _____

Discharge Character: (circle one) Honorable Other than Honorable Release Due to Service Connected Disability

Other (please explain) _____

Applied for Disability: Y N Disability Rating: (circle one) Less than 30% Greater than 30%

Chapter 31 Referral: Y N Military M.O.S. (job description) _____

Are you a spouse of a U.S. Veteran? Y N

J. Education/Credentials

What is the highest level of education you have completed: (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 HS Diploma GED
Trade School Certificate Some College Associates Degree Bachelor's Degree Master's Degree Ph.D.

List any certificates, credentials, degrees that you hold and from what school/training provider/employer you earned them as well as the year received: _____

List any special skills that you have: _____

List any apprentice programs that you have attended and/or completed (indicate whether you completed or not):

References:

List 3 Professional References. Do not list relatives and/or people you live with.

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

Name: _____ **Number of Years you have known each other:** _____

Place of Employment: _____ **Job Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **email address:** _____

K. Work Experience

List each job/volunteer position/work experience you have had starting with the most recent or current and work back. Be sure to describe all duties in each job you held.

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** _____ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** ___ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** ___ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** ___ **Year** _____

Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Job Title: _____ **Dates Employed from: Month** _____ **Year** _____ **To: Month** ___ **Year** _____

Duties: _____

Reason for Leaving: _____