

## Program Application and Initial Assessment Denver Workforce Development Discretionary Grants and Programs

PARTICIPANT INFORMATION			
<b>Full Legal Name:</b>		<b>Last 4 Digits of SSN:</b>	
<b>Preferred Name:</b>	<b>Preferred Pronoun(s):</b>	<b>Date of Birth:</b>	
<b>Phone Number:</b>		<b>Email Address:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<p><b>Citizenship</b> – used to establish eligibility to work in the US:</p> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident (Green Card or I-551 Stamp) <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Other (please explain): <p><b>Veteran Status:</b></p> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Eligible Spouse <input type="checkbox"/> Not a Veteran or Eligible Spouse	<p><b>Sex at birth</b> – used to establish Selective Service registration requirement:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <p><b>Selective Service</b> – if you were born male on or after 1/1/1960, are you registered with Selective Service?</p> <input type="checkbox"/> Registered <input type="checkbox"/> Not registered / female at birth <input type="checkbox"/> Exempt – please explain:	<p><b>Race / Ethnicity</b> (mark all that apply):</p> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other (specify): <p><b>Migrant Seasonal Farm Worker:</b></p> <input type="checkbox"/> I worked in agriculture in the last 12 months for at least one day Employer Name:	
EMPLOYMENT / FINANCIAL SUPPORT			
<p><b>Current Employment Status</b> (mark all that apply):</p> <input type="checkbox"/> Not employed but interested and available for work <input type="checkbox"/> Not employed and not interested in and available for work <input type="checkbox"/> Employed – seeking a promotion or better job <input type="checkbox"/> Employed full-time (32+ hours per week) <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed part-time but looking for full-time work <input type="checkbox"/> Other: <p><b>Current or Last Employer</b> (complete all applicable fields):</p> Company name: _____ Company address: _____ Employment start date: _____ Employment end date (if applicable): _____ Date going back to work (if applicable): _____ Total Work Experience in desired field: <input type="checkbox"/> 0-5 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5+ years		<p><b>Source(s) of Income / Financial Support</b> (mark all that apply):</p> <input type="checkbox"/> Employment (earned income / wages) <input type="checkbox"/> Exhausted UI benefits (within last 5 years) <input type="checkbox"/> Housing / Rental Assistance <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Financial Aid / Student Loans / Pell Grants <input type="checkbox"/> Other (specify): <p><b>Unemployment Insurance (UI) Status:</b></p> <input type="checkbox"/> Claimant <input type="checkbox"/> Exhausted benefits <input type="checkbox"/> Neither of the above	

ADDITIONAL INFORMATION	
<p><b>Household income:</b></p> <p>Number of individuals in household: _____</p> <p>Gross income for the last 6 months:</p> <p>Individual: \$ _____ <input type="checkbox"/> Unknown</p> <p>Household: \$ _____ <input type="checkbox"/> Unknown</p> <p>Other: \$ _____</p>	<p><b>Highest level of education:</b></p> <p><input type="checkbox"/> Less than high school diploma</p> <p><input type="checkbox"/> High school diploma / GED / GED equivalency</p> <p><input type="checkbox"/> Some college (one or more years)</p> <p><input type="checkbox"/> Technical or vocational certification</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor's Degree or higher</p> <p><input type="checkbox"/> Other:</p>
<p><b>Other programs or organizations I am working with:</b></p> <p><input type="checkbox"/> Human Services (TANF, SNAP, Employment First, LEAP, etc.)</p> <p><input type="checkbox"/> Workforce Center (Denver or surrounding counties) <i>please list:</i></p> <p><input type="checkbox"/> Local non-profit organization(s) - <i>please list:</i></p> <p><input type="checkbox"/> Other:</p>	<p><b>Education status:</b></p> <p><input type="checkbox"/> Attending high school or GED program</p> <p><input type="checkbox"/> Attending college, certificate training program, or trade school</p> <p><input type="checkbox"/> Enrolled or scheduled to attend training</p> <p><input type="checkbox"/> Not currently enrolled in school or training</p> <p><input type="checkbox"/> Other:</p>
AREAS of INTEREST (mark all that apply)	
<p><input type="checkbox"/> Construction / Skill Trades      <input type="checkbox"/> Financial Services      <input type="checkbox"/> Green Jobs</p> <p><input type="checkbox"/> Information Technology (IT)      <input type="checkbox"/> Healthcare and Wellness      <input type="checkbox"/> Food Services</p> <p><input type="checkbox"/> Scientific and Technical Services      <input type="checkbox"/> Manufacturing      <input type="checkbox"/> Public Administration</p> <p><input type="checkbox"/> Transportation / Warehousing      <input type="checkbox"/> Retail and Hospitality</p> <p><input type="checkbox"/> Other:</p>	
REQUESTED SERVICES (please note, not all services may be available)	
<p><input type="checkbox"/> Employment Search      <input type="checkbox"/> Classroom Training      <input type="checkbox"/> On-the-Job Training</p> <p><input type="checkbox"/> Job Readiness Skills Training      <input type="checkbox"/> GED / Adult Basic Education      <input type="checkbox"/> Mentoring</p> <p><input type="checkbox"/> Labor Market Information      <input type="checkbox"/> Financial Literacy      <input type="checkbox"/> Resume Assistance</p> <p><input type="checkbox"/> English as a Second Language      <input type="checkbox"/> Career Counseling      <input type="checkbox"/> Supportive Services (childcare, transportation, housing)</p> <p><input type="checkbox"/> Entrepreneurial Skills Training      <input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Work Experience / Internships      <input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> Other:</p>	
POTENTIAL CHALLENGES / BARRIERS TO EMPLOYMENT (mark all that apply)	
<p><b>NOTE: we collect this information to ensure that we are serving all individuals. Your responses do not impact program eligibility.</b></p> <p><input type="checkbox"/> Basic skills deficient      <input type="checkbox"/> Transportation      <input type="checkbox"/> Justice involved</p> <p><input type="checkbox"/> English Language Learner      <input type="checkbox"/> Childcare      <input type="checkbox"/> Long-term unemployed</p> <p><input type="checkbox"/> Housing / experiencing homelessness      <input type="checkbox"/> Education      <input type="checkbox"/> Pregnant and/or parenting</p> <p><input type="checkbox"/> Poor or inconsistent work history      <input type="checkbox"/> Foster care      <input type="checkbox"/> Soft skills / job readiness</p> <p><input type="checkbox"/> Other:</p>	

## GRANT-SPECIFIC STATEMENTS OF IMPACT (required for RUN, WIG, and OpportunityNow funded-programs)

Please check if this statement is true:

- I have experienced an economic loss due to the COVID-19 pandemic, such as lost or adverse changes in employment, increased food or housing insecurity, was formerly incarcerated, had to withdraw from college after 3/15/2020, or suffered another form of economic loss.

*Examples of economic losses include:*

- *Individuals who experienced household income loss or job loss since March 2020*
- *Individuals unable to access or continue education or training due to COVID-19*
- *Individuals who were required to expend household funds on COVID-19 related items*
- *Individuals negatively impacted by school or childcare closures*
- *Individuals who experienced a loss in health insurance and/or benefits*

Please describe the economic loss you experienced:

- Other:

## FOLLOW-UP / EMERGENCY CONTACT

Please provide contact information for a reliable person (relative or friend) who will always know how to contact you. We will only reach out to this individual in emergency situations or for follow-up attempts.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## DUPLICATION OF BENEFITS QUESTIONNAIRE

The Duplication of Benefits Questionnaire is used to determine if a person has received or is planning to receive the same benefits from different sources. The chart below is used to calculate the total amount of benefits received to determine if there is any duplication or overlap. This ensures that assistance is provided to those who need it most.

Please select the appropriate response:

- I affirm I DID NOT/WILL NOT receive funding from any other organizations or programs**  
(e.g. WIOA Reskilling, Next-Skilling, and Upskilling (RUN), Workforce Innovation Grants (WIG), Human Services, other non-profit organizations).
- I affirm I DID/WILL receive funding from other organizations or programs - \*\*PLEASE COMPLETE Duplication of Benefits Check below\*\***  
(e.g. WIOA Reskilling, Next-Skilling, and Upskilling (RUN), Workforce Innovation Grants (WIG), Human Services, other non-profit organizations) but **NOT** for the exact SAME expenses I am requesting today or in the future.

Additionally, please read the agreement below and check the box:

- I agree to provide notification if I receive funding from another organization. I will notify the organization if I work with or enroll in another organization.

**Duplication of Benefits Check**  
**This is to be completed by staff with the program applicant**

<b>Funding Sources</b>	<b>Amount Received</b>
<b>Denver Workforce Development Grant:</b> Organization Name: _____ Program/Grant: _____ (e.g. WIOA, Reskilling, Next-Skilling, and Upskilling (RUN), Workforce Innovation Grants (WIG))	Training – Name: Supportive Service – Type: Supportive Service – Type: Other – List:
<b>Non-Denver Workforce Development Grant:</b> Organization Name: _____ Program/Grant: _____ (e.g. non-Denver funded WIOA, Reskilling, Next-Skilling, and Upskilling (RUN), Workforce Innovation Grants (WIG))	Training – Name: Supportive Service – Type: Supportive Service – Type: Other – List:
<b>Other Funding Sources #1:</b> Name: _____ (e.g. non-profit organization, TANF, Employment First, family member etc.)	Training – Name: Supportive Service – Type: Supportive Service – Type: Other – List:
<b>Other Funding Sources #2:</b> Name: _____ (e.g. non-profit organization, TANF, Employment First, family member etc.)	Training – Name: Supportive Service – Type: Supportive Service – Type: Other – List:
<b><u>Total Amount received</u></b>	Training Supportive Services Other <b>Grand Total</b>
<b>Total Cost of Request</b> <i>Please outline the training, supportive services, and/or other supports to be provided through the program(s) tied to this application</i>	Training – Name: Supportive Service – Type: Supportive Service – Type: Other – List:
<b>Remaining Funding Needed</b> <i>Total amount received minus total cost of request</i>	Training Supportive Services Other <b>Grand Total</b>

**\*If additional funding sources exist, please complete a second Duplication of Benefits Questionnaire\***

## Applicant's Certification of Accuracy

- I certify the information contained in this application and duplication of benefits questionnaire is true and correct to the best of my knowledge.
- I understand this information is subject to review and verification and that I may need to provide proof of the information provided within this document.
- I understand I will be terminated from the program(s) and may be required to pay back funding spent on my behalf if I am found ineligible after enrollment and/or if the information provided is found to be false.
- I will be contacted throughout my enrollment in the program, including after exit for up to one year, and I agree to provide the required information regarding my education and employment.

Use an Adobe "Digital ID" or the "e-sign: draw" feature to sign this document. You may also print, sign, and scan the signature page. **A typed name within a signature line will not be accepted as an electronic signature.**

\_\_\_\_\_  
Printed Name – Program Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**If the applicant is under the age of 18, the following is also required:**

\_\_\_\_\_  
Printed Name – Parent or Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

*Denver Economic Development & Opportunity (DEDO)/Denver Workforce Development and its contracted Service Providers shall not discriminate against any individual 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.*

*Denver Workforce Development and its contracted service providers are an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Please dial 7-1-1 or 1-800-659-2656 to use the TTY service Relay Colorado.*

### FOR OFFICE USE ONLY:

This participant is applying for the following program(s): \_\_\_\_\_

- I confirm that I have reviewed this application in its entirety and have determined that all required fields are completed as required.
- I have had an opportunity to ask the applicant for additional information and have no unresolved questions or concerns.
- I understand that program enrollment and service provision may not occur until all eligibility requirements have been met.

\_\_\_\_\_  
Service Provider Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Application Review Date