



WorkPlus Regional System
WIA Supportive and Intensive Service Application

The WIA Application form is used to obtain the necessary information from you in order for our case managers to determine your eligibility. The information which you are voluntarily providing will be kept confidential. We recognize the diversity of each individual and do not discriminate based on gender, age, race, national origin, marital status, sexual orientation, religion or differing mental or physical capacity.

*Please note: If your information has changed or is over 30 days old you will need to update your current WIA application.

Application Date: _____

Name _____ SSN _____

Are you currently employed? No Yes hours/week _____ wage _____ / _____

Employer Name and Address _____

Position Currently held _____

Service Request

Estimated/actual cost

_____	_____
_____	_____
_____	_____

The service(s) being requested will assist me in _____

Certification

I certify that the information I have provided is true to the best of my knowledge. My signature authorizes the WorkPlus Regional System to release and/or obtain information from other agencies or employers needed to determine my eligibility for WIA services. I understand that failure to comply with the WIA program rules and regulations may result in termination and loss of WIA funding.

 Applicant Signature

 Date

 Parent/Guardian

 Date

WorkPlus Regional System
Supportive and Intensive Service Agreement

Each WorkPlus Regional System County will assure payment based on their county policies and procedures.

WIA sponsorship is not an entitlement and is dependent upon the availability of funds, compliance with the WorkPlus Regional System County program policies and procedures, and compliance with your individual employment plan agreed upon by you and your WIA case manager.

This agreement is entered into on _____ between the WorkPlus Regional System _____ County WIA Program and _____ (customer) based upon the agreed employment plan.

Date of service _____ to _____
Actual costs _____

Date of service _____ to _____
Actual costs _____

Date of service _____ to _____
Actual costs _____

Approval of training

ITA # (if applicable) _____ Funding Program _____ SSN _____

____ recommended ____ not recommended: _____

WIA Case Manager Date

Supervisor Date