

**Adams County Workforce
Workforce Investment Act (WIA)
YOUTH Referral Form**

Date:

Customer Name: _____ **Social Security:** _____
Address: _____ **Telephone:** _____
City: _____ **State:** _____ **Zip:** _____

1. Are you between the ages of 14 and 21? Yes ___ No ___ Date of Birth _____ AGE: _____
2. Do you receive or does a member of your family receive public assistance? Yes ___ No ___
3. Do you or a member of your household receive food stamps? Yes ___ No ___
4. Do you consider you and/or your family low income? Yes ___ No ___
5. Family Size _____
6. Do you have a mental, physical or learning disability? Yes ___ No ___
(Special consideration may be given to youth with special needs)

7. Do you meet one or more of the following barriers? (Must have documented proof)

- | | | |
|-------------------------------|---------|--------|
| a. School dropout | Yes ___ | No ___ |
| b. Basic skills deficient | Yes ___ | No ___ |
| c. Homeless or runaway | Yes ___ | No ___ |
| d. Pregnant or a parent | Yes ___ | No ___ |
| e. An offender | Yes ___ | No ___ |
| f. Disabled youth | Yes ___ | No ___ |
| g. Foster child | Yes ___ | No ___ |
| h. Economically Disadvantaged | Yes ___ | No ___ |
| i. Repeated a Secondary Grade | Yes ___ | No ___ |
| j. Attend Alternative School | Yes ___ | No ___ |
| k. Limited English | Yes ___ | No ___ |

8. Are you registered with Section 3 of the Military Selective Service Act? Yes ___ No ___
*(*Male youth age 18 years or older)*

9. Are you citizen or national of the United States, lawfully admitted permanent residents, lawfully admitted refugees and parolees, or other individual authorized by the Attorney General to work in the United States? Yes ___ No ___

Referred by: Name: _____

Title: _____

Phone: _____

Call for an initial screening

Charlie Ellis 720-523-6949

Cristine Kerr 720-523-6955

Patricia Martinez 720-523-6954

Kathy Reedy 720-523-6971

Or

FAX 720-523-6974