Workforce Development Board of South Central Wisconsin

Youth Opportunities

YO E&T

Employment and Education Program for 16-21 year old Youth and Young Adults

Participant Referral Form

Youth Opportunities (YO) is a federally funded, Workforce Investment Act Program under the Workforce Development Board of South Central Wisconsin. Information collected will be kept confidential and managed according to State and Federal laws, rules and regulations. EATA will make every effort to secure user information and protect the privacy of individuals. ***All information requested would be used solely to expedite the enrollment process, to determine eligibility for the Youth Opportunities Program, and for statistical reporting.***

INFORMATION REGARDING PERSON BEING REFERRED: Date: _____

Name:_____ Gender: ☐ M ☐ F Age: _____

Date of Birth: _____ Telephone #: _____ Message Phone # _____

Social Security # _____

Providing your Social Security number is voluntary, but will be required in order to enroll in the WIA Youth Program.

Mailing Address: _____City _____Zip_____ Email:_____

ETHNICITY (***Please check any race/ethnicity that you identify as)***

- ❑ American Indian/Alaska Native
- ❑ Asian
- ❑ White
- ❑ Black/African American
- ❑ Hawaiian/Pacific Islander
- ❑ Other

Hispanic or Latino ☐ Yes ☐ No

CURRENT EDUCATION STATUS: ***(Please check appropriate box)***

- ❑ Not Attending, High School Graduate
- ❑ Not Attending, High School Drop Out
- ❑ One of more grade levels behind in school
- ❑ Attending High School or Less
- ❑ Attending Alternative School
- ❑ Attending Post High School

If any, what school are you currently enrolled in (high school or college/tech school)?

_____

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Some College Associates Degree

EMPLOYMENT STATUS: ❑ Employed ❑ Not Employed

VETERAN STATUS:

Have you ever served in the US military, naval or air service, i.e. are you a veteran? ☐ Yes ☐ No

If yes, active duty begin date: _____ Active duty end date: _____

DISCLOSURE OF INFORMATION

As evidenced by my signature below, I hereby authorize disclosure of information on the WIA Referral form to EATA and their state and federal funding sources. If under 18, parent/guardian signature is required.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

IF RELEVANT, INFORMATION REGARDING PERSON/AGENCY SUBMITTING REFERRAL:

NAME: _____ AGENCY _____

Please submit referrals to: Youth Opportunities Program

Dane County Job Center, 1819 Aberg Ave, Madison WI 53704 Fax #608-242-7403

Sandra Howland 242-4548 John Hiester 242-4547

Referral Recipient:_____ Received on: _____ Entered in ASSET _____

Follow up? _____ Details: _____

_____

_____ *Updated 1/09/07*