



A proud partner of the  
AmericanJobCenter®  
network



**Rivers East**  
WORKFORCE DEVELOPMENT BOARD



## Participant Screening Form

Applicant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

Applicant: List everyone living in the household, including yourself.

	Name	Employer or School	Relationship to Applicant	*CA Only*
1.			<i>Applicant</i>	<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>

**I certify that the information on this statement is accurate to the best of my knowledge. I understand that falsification of information provided may cause forfeiture of assistance and may result in criminal action. This information will be used to determine eligibility for WIOA services.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Advisor: Check the box(es) only if the individual should be included in the family size for eligibility. Then, tally the number of individuals to be included in family size and put it on the line below. This number should match the family size number listed on the WIOA application in NCWorks.gov.

**Total # to be counted in family size:** \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The definition of family is two or more persons related by blood, marriage, or decree of court who are living in a single residence and are included in one or more of the following categories: 1) a husband, wife, and dependent children; 2) a parent(s), or guardian(s) and dependent children; 3) a husband and wife. Same-sex spouses are included within WIOA's definition of family. A person with a disability shall be considered a family of one.*