

Youth Build

Corbin, Adam

Feb - Dec 2010

#1

YBBI

Leadership

Other

REGISTRATION FOR THE YOUTH PROGRAM OF THE WORKFORCE INVESTMENT ACT
 Department of Labor and Economic Growth - Bureau of Workforce Transformation

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: Corbin First Name: Adam MI: _____
 Address: 5451 Schell City: Mancelona State: _____ Zip: _____
 Phone: (231) 587-5141 County: (Antrim) Alternate Contact Name: _____
 Alternate Phone: (231) 564-2662 Birth Date: 11 / 14 / 1991 Social Security #: 375-13-3599

Personal Characteristics
 Gender (M/F): M N
 Hispanic/Latino (Y/N): N
 Racial Group: (check all that apply)
 African American: _____
 American Indian/Alaskan Native: _____
 Asian: _____
 Hawaiian Native/Other Pacific Islander: _____
 White:
 Disability (Y/N): N
 Citizen (US/Eligible, Non) (Y/N): Y
 Selective Service Registered (Y/N or NA): Y
 Veterans Status (select one)
 Yes, Equal to, Less Than 180 Days: _____
 Yes, Eligible Veteran: _____
 Yes, Other Eligible Person: _____ No:
 Campaign Veteran (Y/N): N
 Disabled Veteran (Select one): Yes _____ No
 Yes Special Disabled: _____
 Recently Separated Veteran (Y/N): N
 Employment at Registration (select one)
 Employed: N
 Employed but Received Notice of Termination or Military Separation: _____
 Not Employed:
 Wages per hour Prior Six Months: 0
 Unemployment Compensation Programs (select one)
 Eligible claimant referred by WPRS: _____
 Eligible claimant not referred by WPRS: _____
 Exhaustee: _____
 Neither claimant nor exhaustee: _____
 Migrant/Seasonal Status
 Not a Migrant/Seasonal Farmworker: _____
 Seasonal Farmworker: _____
 Seasonal Farmworker - Field Worker Only: _____
 Migrant Farmworker _____
 Migrant Farmworker - Field Worker Only: _____
 Migrant Food Processor: _____
Dislocated Worker Section
 Date of Dislocation: _____
 Has Notice or is Terminated or Laid-off from employment (Y/N): _____ and is
 Eligible for or Exhausted Unemployment compensation (Y/N): _____ or

Assistance Information
 Income (annual): \$ 0 dad's excluded
 Family Size: 2
 TANF (Y/N): N Adam excluded SSI
 General Assistance (GA), Refugee Assistance (RCA), or Supplemental Security Income (SSI) (Y/N): _____
 Food Assistance (Y/N): N
 Pell Grant (Y/N): N
 Disaster Relief Assistance (NEG Only): N
 Low Income (Y/N): _____
 5% Funding: N Y
Barriers to Employment
 Limited English Language Proficiency (Y/N): N (not for eligibility)
 Single Parent (Y/N): N
 Foster Child (Y/N): N
 Homeless (Y/N): N
 Runaway Youth (Y/N): N
 Offender (Y/N): Felony N
 Pregnant or Parenting Youth (Y/N): N
 Youth-Needs Special Assistance (Y/N): _____
 Behind a Grade Level (Y/N): N
 Other Barrier (Y/N): _____ (5% window low income is no)
 If YES, Barrier: _____
Education
 Education Level:
 No school grades completed: 11th
 Number of elementary/secondary school grades completed (1 - 12): 11th
 High School Graduate NO
 Certificate of Equivalency or (GED): _____
 One Year Post HS: NO
 Two Years Post HS: NO
 Three Years Post HS: NO
 Bachelor's Degree or equivalent: NO
 Education beyond the Bachelor's degree: NO
 No formal Education: NO
 Attained certificate of attendance/completion: NO
 Attained other post-secondary degree or certification: NO
 Attained Associates degree or diploma: NO
 Education Status at Registration (Select the one that applies)
 Student, High School or less: NO
 Student, Attending Post High School: NO
 Not Attending School, High School Dropout: NO YES
 Not Attending School, HS Graduate: NO
 Student Alternative School: NO

Y-18 2/6/10
 [Signature]



Registrant Statement

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I

Adam Corbin,
am 18 years of age, family size of 2, receive
monthly income of \$412.00/month (SSI), father
is 100% disabled vietnam veteran, have current
earnings of \$0 & currently unemployed
I am an offender.

If registrant cannot obtain a satisfactory witness or provide a telephone contact, explain above

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

x adam corbin 2.1.10
REGISTRANT'S SIGNATURE & DATE

5451 Scholl Rd,
Manitoulin MI 49659
REGISTRANT'S ADDRESS

[Signature]
CORROBORATING WITNESS SIGNATURE

Youth Advisor
WITNESS' RELATIONSHIP TO REGISTRANT

OFFICE USE ONLY

The above registrant statement is being utilized for documentation of the following eligibility criteria:

Family size, Income, barriers

[Signature]
SIGNATURE & DATE OF CERTIFYING OFFICIAL



DIVISION OF:

TRAVERSE BAY AREA INTERMEDIATE SCHOOL DISTRICT



Release of Wage Information

I authorize the Northwest Michigan Works! Agency to obtain information from the Michigan Department of Labor and Economic Growth regarding wages I earned prior to my application for employment and training services. The source of this information is wage record data reported by my employer(s) to the State of Michigan. This information will be used by the Michigan Works! Agency to assess the effectiveness of services I receive from Michigan's workforce development system.

adam Colbin
Signature

2.1.10
Date