



## YES Duluth Application

Return Completed Application to: Duluth Workforce Development  
402 W 1<sup>st</sup> St, Duluth, MN 55802  
yesduluth@duluthmn.gov  
Fax: 218-730-5952 | Phone: 218-302-8400

Application Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age Today: \_\_\_\_\_  
Gender:    Male        Female        Prefer not to self-identify

**Veteran status:** I am a veteran    **Yes**    **No**    If yes, Active Duty Start: \_\_\_\_\_ End Date: \_\_\_\_\_

### School Status:

I am currently attending High School or Junior High    Yes    No

If yes, I am attending (circle one):    ALC    Denfeld    East HS    HarborCity Int'l    Other \_\_\_\_\_

If yes, are any of your classes online?    Yes    No

If no, what is the highest grade completed? \_\_\_\_\_

I have completed ABE/GED Orientation    Yes    No

I am working on my GED    Yes    No                      I am working on my GED online    Yes    No

I have a goal of getting my GED    Yes    No

I am attending post-secondary school (college or technical)    Yes    No

If yes, I am attending:    LSC    WITC    Fond-du-Lac    UMD    CSS    Other \_\_\_\_\_

My education goal \_\_\_\_\_

### Employment status:

I am currently employed    Yes    No

If no, my last day of work was \_\_\_\_\_

If yes, my job is:     Part-Time     Full-Time     Temporary

My employment goal \_\_\_\_\_

**Eligibility Information**

	YES	NO		YES	NO
Are you or have you been in foster care?			Are you recovering from chemical dependency?		
Are you homeless, a runaway or in temporary housing?			Do you have a parent who is recovering from chemical dependency?		
Are you an English language learner or limited in the use of the English language?			Have you been convicted of a misdemeanor, gross misdemeanor or felony?		
Are you pregnant or parenting?			Have you currently dropped out of school?		
Have you been diagnosed with a disability?			Does a disability limit your abilities in employment?		
Did you or do you have an IEP in school?			Did you or do you have a 504 plan in school?		

**Do you or family members in your home receive any of the following assistance?**

- TANF/MFIP (MN Family Investment Program)
- Food Support (known as SNAP)
- General Assistance
- Free/Reduced School Lunches (applicant only)
- Refugee Assistance
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)

**Household Income**

Please list all family members living in your household and their income for the last six (6) months. List all sources of income including wages, retirement, child support, spousal support, financial benefits, unemployment insurance, and school aid (excluding Pell grants).

Family Member Name	Age	Relationship to Applicant	Source of Income	Total Income in Past 6 Months
		Self		
<b>FOR OFFICE USE ONLY</b>	Actual Family Size	Eligible Family Size	Total Past Six Months	\$
			Total Annualized	\$

**Certification Statement**

I certify the information provided is true to the best of my knowledge. I understand the information I have provided is subject to review and verification and I may be required to provide documents to support the information on this application. I understand I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18 or under legal guardianship, Parent/Guardian Signature

\_\_\_\_\_  
Date