



YES Duluth Application

Return Completed Application to: Duluth Workforce Development

402 W 1st St., Duluth, MN 55802

Fax: 218-730-5952 | Phone: 218-302-8400

yesduluth@duluthmn.gov

Application Date: _____

Referred By: _____

Personal Information

Full Name: _____ Preferred First Name: _____

Street Address: _____ Apt # _____ City: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

Email Address: _____ Birth Date: _____ Age: _____

May we send you text messages? Yes No

Gender: Female Male Non-binary/third gender Prefer not to identify

Gender not listed: _____

Pronouns: He/Him She/Her They/Them

Pronouns not listed: _____

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

School status:

Highest grade completed: _____

I am a student at (check all that apply):

ALC

Duluth Adult Education (GED or Adult Diploma)

Denfeld High School

Other school _____

East High School

College _____

Harbor City Int'l

I am not a student

My education goal _____

Employment status:

I am currently employed: Yes No

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?		
Is English your first 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)
- Unemployment Assistance

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). If necessary, use additional blank paper to list all family members/income sources.

Family Member Name	Age	Relationship to Applicant	Source of Income	Total Income in Past 6 Months
		Self		
FOR OFFICE USE ONLY	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