



YES Duluth Application
Duluth Workforce Development
402 W 1st St, Duluth, MN 55802
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		
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