

My family size is Please include all relatives who are/would be included on a family tax form (including self)

Applicant has children: No Yes, number of children _____

* **LAST YEAR OF WAGES AND REPORTABLE INCOME:** INCLUDE: Wages, child support, alimony, pensions, retirement, OJT wages, military family allowances, pay, net royalties, gambling winnings, annuities, interest, dividends, workers' compensation, net rental income, veteran's payments, social security. *** DO NOT INCLUDE CASH ASSISTANCE/MFIP ***

Enter income amount for last 12 months, may need to provide proof income

\$ _____ FAMILY'S GROSS INCOME from the last 12 months. Include all family members, except the applicant.

\$ _____ APPLICANT'S INCOME from the last 12 months.

\$ _____ If SELF EMPLOYED or FARM use 12 month amount of adjusted gross income from 1040 on your most recent tax return.

ELIGIBILITY CRITERIA: Check all that apply in both areas below (WIOA & MYP)

WIOA (Eligibility could be one of the following/income):
Please check ALL that apply: (WIOA)

- I have limited English proficiency
- I struggle with reading or math
- I have a documented disability
- I am pregnant or a parent
- I am homeless, couch hopping, or a runaway
- I am in foster care
- I have dropped out of school
- I have a criminal record
- I have not been attending school, last time I attended was _____ (Month/Year)
- I need assistance to complete my education or to secure and hold employment. **(Need 5% approval)**
(If other criteria is checked on this side, mark this "no" on WF1.)

MYP: Income Eligible OR one of the following:
Please check ALL that apply

- I have limited English proficiency
- I struggle with reading or math
- I have a documented disability
- I am pregnant or a parent
- I am homeless or a runaway
- I have been in foster care
- I am a potential or actual high school drop out
- I am a juvenile offender or in a diversion program
- I am one or more grades below other students my age
- I receive public assistance. Which type? _____
- I reside in a group home
- I am chemically dependent
- I am a child of drug or alcohol abusers/dependents

Why are you interested in this MVAC Program?

How did you hear about this MVAC Program?

What do you think you want to do for a career?

What is your current education goal?

Required Document:

- Social security card – bring with to first meeting
- MVAC staff will need to make a copy of original

Required Document:

- (At least one of these will need to be shown to MVAC staff – bring to 1st meeting)
- Gov't issued ID or MN driver's license or Age certification below
- For ID's, MVAC staff will need to make a copy of original

Annual Income Guidelines*

Note: Participants with a documented disability are considered a family size of 1.

- 12 month Family Gross Income amount still required above

Family Size	Annual income	Family Size	Annual income
1	\$12,140	6	\$35,542
2	\$16,460	7	\$40,691
3	\$20,780	8	\$45,840
4	\$25,749	9	\$50,989
5	\$30,393	10	\$56,139

* Income Guidelines updated 05/29/18

This box only to be completed:

- *If you do not have a gov't issued form of ID with a birthdate and picture, are not 18 years of age;*
- **Only to be completed by a school or other professional**

Age Certification

I hereby certify that _____
Name of young adult

was born on _____
Birth Date according to records

Authorized person

Print name: _____

Signature: _____

Organization: _____

Date: _____

By signing this application below, signees (participants and/or parents/guardians) are agreeing to the following terms:

- Participant has permission to work at a local work site. There will be direct supervision provided.
- A job coach will **not** be available on site.
- MVAC staff has permission to contact the participant's school for information on attendance and to coordinate services.
- Participant and/or parent will be responsible for transportation to and from work site, workshops and meetings with staff.
- Participant will be required to attend some training days/field trips/tours at MVAC county offices, Mankato office or in the surrounding area. MVAC staff, worksite supervisor, contracted driver or other participants may provide transportation to participants.
- Photos may be taken of participants while at work/training days, field trips, tours and events attended. These may be published in the newspaper or other media.
- The Minnesota Government Data Practices Act and the Federal Health Insurance Portability and Accountability Act (HIPPA) are laws that protect your privacy but also allow us to provide information about you to other agencies as needed for verification purposes, service provision or as required by law.
- If a participant or parent has a complaint about this program, MVAC will assist in resolving it. A written complaint procedure will be provided to you at any time you request it.

CERTIFICATION STATEMENTS:

- I certify the information provided is true to the best of my knowledge and it may be subject to review and verification. If it is misrepresented or incomplete, may be grounds for immediate termination.
- I understand this is a voluntary program and I will need to meet with and communicate my progress with MVAC staff on a regular basis.
- I understand a staff person will contact me once the application has been reviewed to set up a meeting to complete the next steps and this may take several weeks.
- I have read the information regarding parental permission and releases and agree to its content.

APPLICANT'S SIGNATURE _____ DATE: _____

And if applicant is under 18: Participants, under 18 years of age need to have parental permission to participate in MVAC's Young Adult Career Development Program.

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE: _____

**Return this entire application, complete with signatures,
to the MVAC office located in your county:**

Blue Earth County:
706 N. Victory Drive
Mankato, MN 56001
Ph: (507) 345-2428
Fax: (507) 345-2422

Brown County:
1618 S. Broadway Ste 203
New Ulm, MN 56073
Ph: (507) 354-3138
Fax: (507) 354-6997

Faribault County:
301 North Main St.
Blue Earth, MN 56013
Ph: (507) 526-5291
Fax: (507) 526-7359

Le Sueur County:
125 E. Minnesota St.
Le Center, MN 56057
Ph: (507) 357-4246
Fax: (507) 357-4254

Martin County:
400 S State St Ste180
Fairmont, MN 56031
Ph: (507) 235-5518
Fax: (507) 238-4214

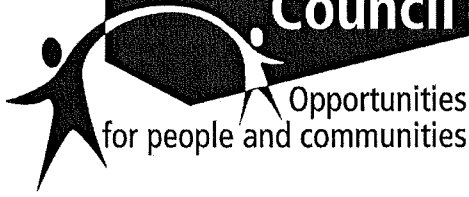
Nicollet County:
706 N. Victory Dr.
Mankato, MN 56001
Ph: (507) 345-2428
Fax: (507) 345-2422

Sibley County:
PO Box 87
Gaylord, MN 55334
Ph: (507) 237-2981
Fax: (507) 237-2974

Waseca County:
108 10th Ave. SE
Waseca, MN 56093
Ph: (507) 835-8240
Fax: (507) 835-5507

Watonwan County:
705 2nd Ave. South
St. James, MN 56081
Ph: (507) 375-5748
Fax: (507) 375-3237

Minnesota Valley Action Council



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Call 507-345-2428

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لاحظه: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သးဘၣ်တက့ၢ်. ဖဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိၣ် တိလိၣ်မိတခါအံၤန့ၣ်, ကိးဘၣ်လိၣ်တိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibil

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

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