

**Employment / Job Training / Apprenticeship Incentive Program Application**

Employed                       Certified Job Training Program/Job Corps                       Apprenticeship

**Part A**

**Applicant and Caseworker Information** (Caseworker information required only for youth currently in DCFS care)

Date of Application:		Living Arrangement Type:	
Youth's Name:		ID#:	
DOB:		Age:	
Youth's Phone Number: (      )		Youth's email:	
CURRENT Address:			Apt#:
City:	State:	Zip (Required):	
Caseworker's Name:		Agency:	
Region/Site/Field:		Telephone: (      )	

**Part B**

**Employer/Certified Job Training Program/ Approved Apprenticeship Program**

<p><b>Check all that apply:</b> <input type="checkbox"/> Youth is a high school graduate or has a GED.  <input type="checkbox"/> Youth has been employed for at least one month and working 20 hours per week or 80 hours per month.  <input type="checkbox"/> Youth has been accepted into a certified job-training program.  <input type="checkbox"/> Youth has been accepted into an apprenticeship training program approved and recognized by the Illinois Department of Employment Security (IDES) or by the United States Department of Labor (USDL)  <input type="checkbox"/> Youth has previously been enrolled in the EIP. Dates:</p>			
Employer/Certified Job Training/Apprenticeship Program Name:			
Address:		City:	State:      Zip:
Contact Person:		Telephone: (      )	
Number of hours employed weekly:		Date started employment Training program or apprenticeship:	
Date completed employment training program:			
What vocation or trade is the youth learning? _____			
_____			
_____			
_____			

**Part C  
Referral Checklist**

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Signed Service Agreement	<input type="checkbox"/> Copy of HS Diploma/GED
<input type="checkbox"/> Proof of Employment (Check stubs/letter from employer); Job Training Program; or Apprenticeship Program		
<input type="checkbox"/> Child Service Plan: With Employment Objective		

**Part D  
Budgeting**

Estimate your monthly income and expenses using the categories listed below. Use “other” to identify and list any income or expenses not identified by the form. If additional space is needed, use a sheet of paper and attach it to your application. Total your monthly income and expenses on the lines provided.

<b>Monthly Income</b>		<b>Monthly Expenses</b>	
Employment Income:	\$	Housing/Rent:	\$
Employment Incentive Program Grant:	\$	Food/Meal Plan:	\$
Other Income (Itemize):	\$	Transportation:	\$
	\$	Other Expenses (Itemize):	\$
	\$		\$
	\$		\$
<b>Total:</b>	\$	<b>Total:</b>	\$

If your monthly expenses exceed your income, what is your plan to balance your budget?

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If something happens to your grant or you have a financial emergency, what is your contingency or back-up plan?

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**Part E**  
**Start Up Funding**

Check if you are requesting start up funding. Start up funding is need based and limited to a one-time disbursement of up to \$200.00 (an amount above \$200.00 may be approved through an exceptional payment request). Start up funds may only be used for work related items, such as equipment, work clothing, tools, etc. Documentation for this funding is required. Attach receipts to the EIP application or list the work-required items.

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**Part F**

**Employment / Job Training / Apprenticeship Incentive Program Service Agreement**

**READ THIS AGREEMENT THOROUGHLY**

**If you have questions concerning any part of this agreement, please ask for clarification before signing.**

I, \_\_\_\_\_ agree to the following conditions as part of my participation in the Employment / Job Training / Apprenticeship Incentive Program:

- If employed, remain employed at least 20 hours per week or 80 hours per month.
- Successfully participating in a certified job-training program.
- Successfully participating in an apprenticeship training program approved or recognized by the Illinois Department of Employment Security or by the United States Department of Labor.
- Submit my check stubs, if employed, or progress reports from the certified job-training program, or documentation of participation in an approved apprenticeship program to the Office of Education and Transition Services (OETS) on a monthly basis. **(Due by the 5<sup>th</sup> working day of the following month.)** The monthly grant may be held until the required documentation is received.
- Inform the OETS if my address changes or my employment, job-training program, or apprenticeship program enrollment status changes. **(Examples: employed less than 20 hours per week or 80 hours per month, become unemployed, leave my employer, leave job-training or apprenticeship program).**
- Complete and return a survey/evaluation of the program upon ending participation.

**The BENEFITS of the Employment / Job Training / Apprenticeship Incentive Program include:**

- A monthly grant of \$158.00;
- Need based start-up funds for work related items, such as equipment, work clothing, tools, etc.

**I understand that I may be suspended or discharged from the Employment / Job Training / Apprenticeship Incentive Program if I fail to provide the OETS any of the following:**

- Verification of continued employment or participation in a certified job-training program or approved apprenticeship program; or
- Failure to submit job search documentation if I remain unemployed for a period of 30 consecutive days; or
- Failure to complete service plan tasks within established timeframes.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

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I, \_\_\_\_\_ caseworker for the above youth, have read the policy on the Employment / Job Training / Apprenticeship Incentive Program, discussed the benefits and responsibilities of the Program with the above named youth, have obtained the necessary supporting documentation and included copies of the necessary documentation to support this application for the Program. I have also included goals and objectives on employment, job training, or the apprenticeship on the youth's service plan and will continue to monitor the youth's progress in this Program, ensuring that copies of required documentation are submitted to the OETS each month.

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OETS Staff Signature

\_\_\_\_\_  
Date