



A Not-For-Profit Training & Staffing Agency

Joshua Project Basic Soft-Skills Program - Eligibility Application

Applicant Name: _____ /Date: _____
 Address: _____ /Email Address: _____
 Phone # _____ /Alternate # : _____
 Cell #: _____ /

Please provide us with a brief reason as to why you are applying to this program:

To determine your eligibility, please provide the information for the following criteria:

I. Applicant Household Composition

Applicant must be 18 years of age. Check the appropriate box(s) below

- Applicant is the non-custodial parent of a minor child
- Applicant is a parent of a minor in their home
- Applicant is 18 - 24
- Applicant is 25 – 40
- Applicant is 41 – 55
- Applicant is 56 – 70
- Applicant is over 70
- Applicant is a veteran

How many people are in the household? _____

- Include applicant, applicant’s spouse, caretaker guardian, siblings, children, and other parent of children if in the home, and anyone else in the home that is dependent on the applicant.

II. Household Income

Household income cannot exceed the maximums below. What is the household’s MONTHLY income?
 \$_____ Include earned (wages, etc.) and unearned (SSI, Unemployment, etc.) income of the people counted in the “Household” from Section I.

Is the household income at or below 125% FPL? Yes No

Household Size Persons in family	Maximum Yearly Poverty Guideline	Maximum Monthly Poverty Guideline
1	\$13,612.50	\$1,134.38
2	\$18,387.50	\$1,532.29
3	\$23,162.50	\$1,930.21
4	\$27,937.50	\$2,328.13
5	\$32,712.50	\$2,726.04
6	\$37,487.50	\$3,123.96
7	\$42,262.50	\$3,521.88
8	\$47,037.50	\$3,919.79
For families with more than 8 persons, add \$3,820 for each additional person.		

III. Income Verification

Income eligibility must be verified for each applicant. Acceptable verification of eligibility includes an active LINK card or a current medical card with the applicant's name. If neither of these is available, eligibility may be determined through completion of a self-attestation form if the applicant is the only earner in the household. If there is an additional earner, verification of that earner's income is also required.

Check one of the following:

- Income verified through LINK card enrollment [://ebt-link.illinois.gov/ilebtclient/login.recip](http://ebt-link.illinois.gov/ilebtclient/login.recip) (attach printout)
- Income verified through current medical card with applicant's name (attach copy)
- Income verified through other means (i.e. CHA resident, pay stub, etc.)

I attest, under penalty of perjury that I have no income and/or my household income is below 125% of the Federal Poverty Level

Is there an additional earner (adult 18 or over) in the applicant's house-hold? Yes No

If yes:

Name: _____ SSN: _____

Check one of the following:

- Household income has been verified through LINK card or medical card
- Additional earner has not worked in the last 30 days
- Additional earner lost income in the last 30 days (attach confirmation of loss of employment i.e. letter from former employer)
- Additional earner is employed (attach paystub from last 30 days)
- I attest, under penalty of perjury that I have no income and/or my household income is below 125% of the Federal Poverty Level

IV. Former Put Illinois To Work Program Trainee Worker Information:

Did you participant as a trainee-worker in the 2010 Put Illinois To Work Program? Yes No

If yes, please indicate where you worked. _____

V. Citizenship

Applicant must be a citizen of the United States to participate in Joshua Project Program.

Check one of the following:

- Applicant is a United States citizen
- Applicant is a non-citizen legally authorized to work in the United States

What is applicant's immigration status? _____



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VI. Offender Status:

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, what was the date of the conviction? _____

Please explain below the nature of the conviction. (Use a separate sheet to explain if necessary)

VII. Temporary Assistance for Needy Families (TANF) Cash Assistance

Does applicant receive TANF cash assistance? Yes No

If yes, what is their case number or local Family and Community Resource Center (local office)?

VIII. Applicant is Not a Registered Sex Offender

Verified via the Sex Offender Database at isp.state.il.us/sor/

Date Verified: _____

Staff Signature: _____

IX. Applicant Certification:

I attest under penalty of perjury that the information provided to the screener is true and correct to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Screener Name: _____

Screener Organization: _____

Equal Employment Opportunity Information Section (Optional)

Gender: Male Female

Ethnic Background:

African American _____ Hispanic/Latino _____ Latin American _____ Pacific Islander _____

American Indian _____ Asian _____ Alaskan Native _____ Caucasian/White _____

Other _____

Disability:

Do you have a disability requiring special assistance? Yes No. If yes, please briefly describe:

Please submit completed application by email to employment@myemployeeconnections.com or fax to (847) 406-3106