



Portage County

Request for WIOA Youth Services

To: Family and Community Services - Youth Services (Fax Number: 330-297-9528)

Attention: Melissa Marzec Date: _____

Youth Name: _____ Date of Birth: _____

School: _____ Last 4 of Social: _____

Contact Number: _____

Parent(s) Name: _____

Address: _____

Reason for request (Check all that apply):	<input type="checkbox"/> Employment Assistance/Job Searching	<input type="checkbox"/> Self- Sufficiency
<input type="checkbox"/> Tutoring/Study Skills	<input type="checkbox"/> Education Assistance	<input type="checkbox"/> Work Experience
<input type="checkbox"/> Other:		

Please identify other agencies you are currently involved with:		
<input type="checkbox"/> Children's Advantage	<input type="checkbox"/> Coleman Professional Services	<input type="checkbox"/> Juvenile court
<input type="checkbox"/> Job and Family Services	<input type="checkbox"/> Board of Developmental Disabilities	<input type="checkbox"/> Catholic Charities
<input type="checkbox"/> Community Action Council	<input type="checkbox"/> Opportunity for Ohioans with Disability	<input type="checkbox"/> Children Services
<input type="checkbox"/> Other:		

Certification
 By signing below I agree that staff of the Portage County Department of Jobs and Family Services/ OhioMeansJobs – Portage County/ Area 19 Workforce Investment Board, and /or the Northeast Ohio Consortium Council Of Governments may obtain, exchange with and disclose information regarding me in order to make determination of my eligibility/suitability for benefits and/or services provided by program with the OhioMeansJobs – Portage County /Area 19 WIB, NOC COG and its partner agencies.
 I further agreed that while in the Family and Community Services Inc./OhioMeansJobs –Portage County/ Area 19 WIB, NOC COG systems that former, current and future employers may disclose information regarding any employment and school district officials both past, current and future may disclose information regarding enrollment, attendance, IEP's, credit status and grades obtained.

 Youth's Signature Date

Parental/Guardian Consent (if youth is under the age of 18 years old)
 I, Parent/Guardian give consent for the above youth to participate in and authorize youth to register for WIA employment and/or other WIA activities and services.

 Parent/Guardian's Name, PRINT Patent/Guardian's Signature Date



WIOA Youth, A program of Portage County, provided by Family & Community Services, Youth Development Program.

