City of SACRAMENTO
Youth, Parks, & Community Enrichment

WIOA Application Submission Checklist

Please **CONFIRM** that you have each of the following items before submitting application for review.

Applicant Name:	
Phone Number:	
E-Mail Address:	
High School:	
Date of Birth:	
Current Grade:	

✓	**Document Name**
☐	Create CalJOBS Account *(instructions found in packet)*
☐	Youth Addendum
☐	Medical Consent And Emergency Information
☐	Authorization for Release of Confidential Information

The following items MUST be included with application submission	
☐	Color copy of School ID, CA ID, or Drivers License
☐	Color copy of Social Security Card or Birth Certificate
☐	Most Recent school Transcript

You can submit application:

In-person: Paper application can be submitted at Belle Cooledge Community Center (5699 S. Land Park Drive Sacramento CA, 95822) between 9:30am – 4:30pm.*

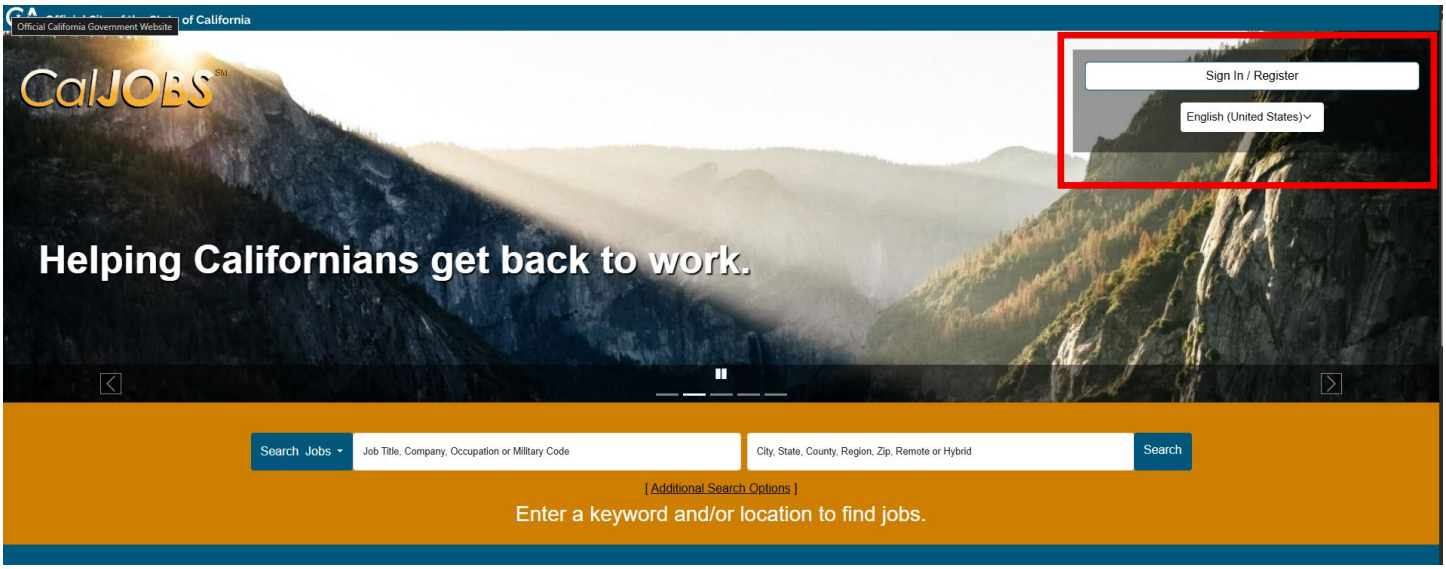
Electronically: You can email application to WIOA@cityofsacramento.org

*if you need to drop off documents outside of these times please call (916) 508-6624 and a time can be coordinated.

For WIOA Staff Only	
Barrier:	
Income:	
Date Received:	

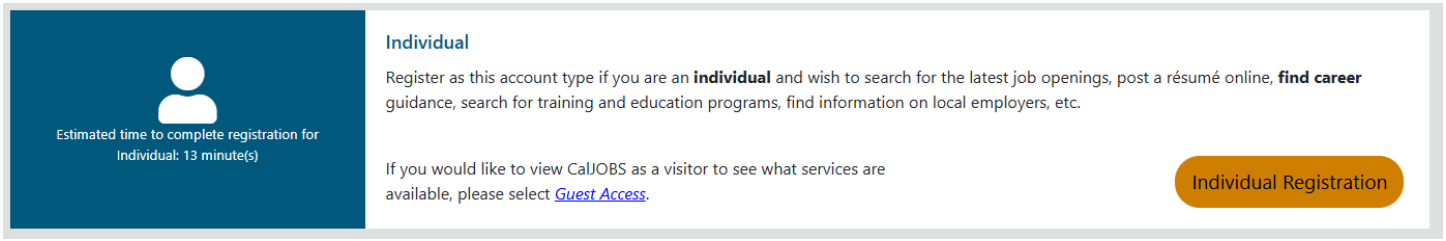
Updated: 08/05/2025

How to Create Your CalJOBS Account

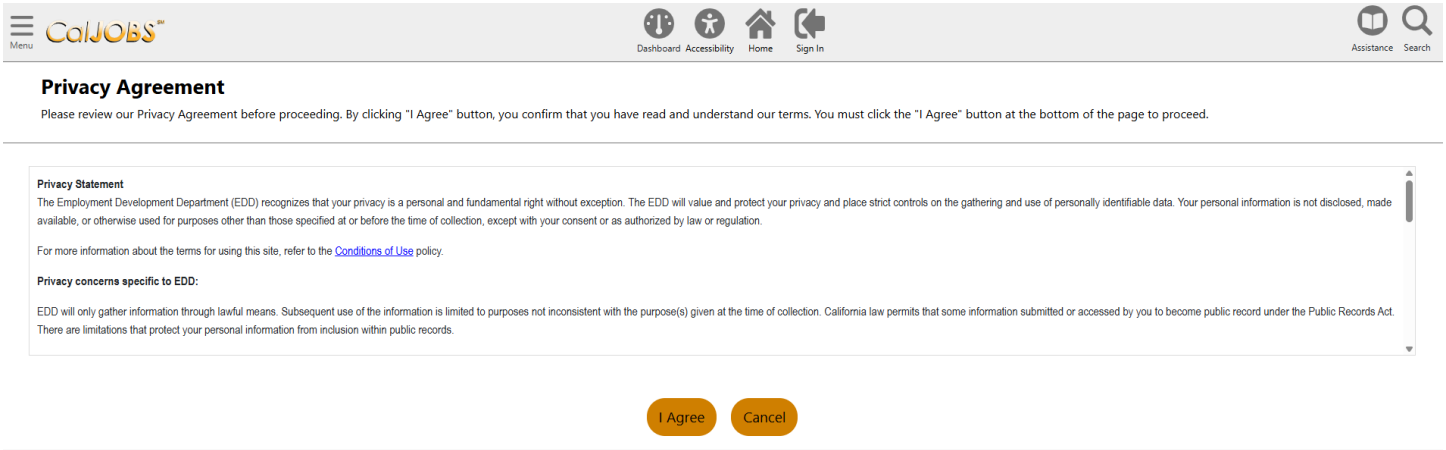


Visit: https://www.caljobs.ca.gov/vosnet/Home.aspx

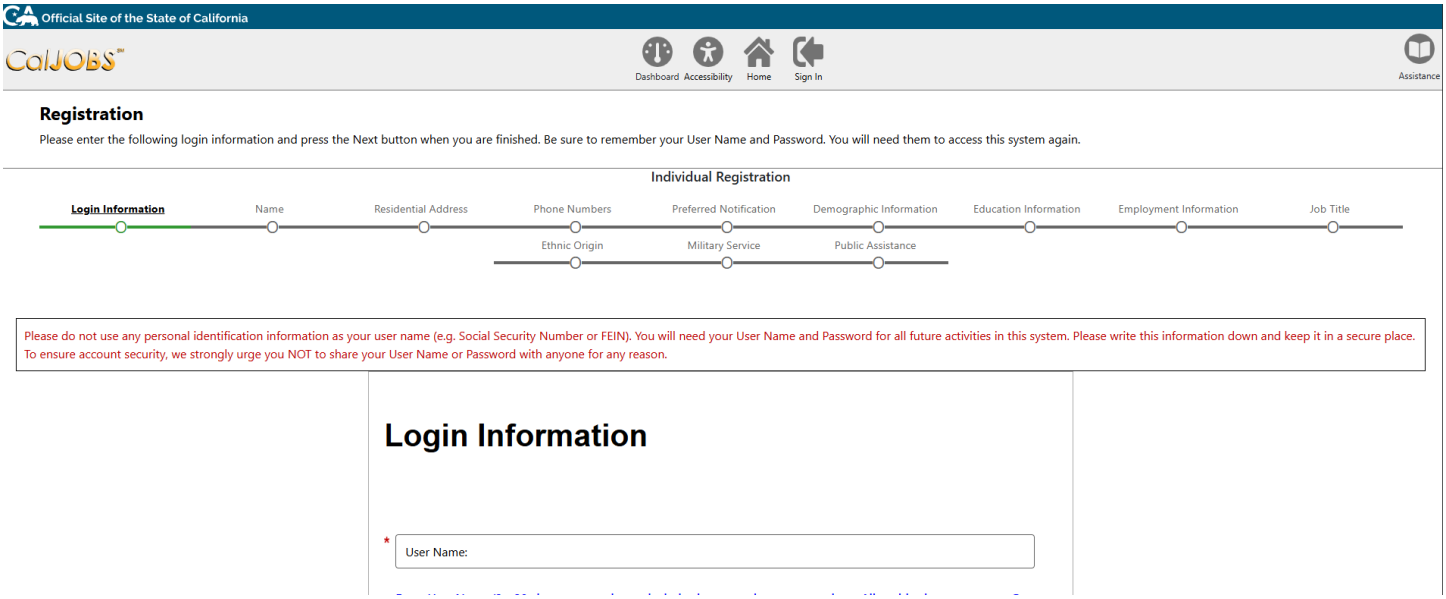
1. Click Sign In / Register Button



2. Select "Individual" registration

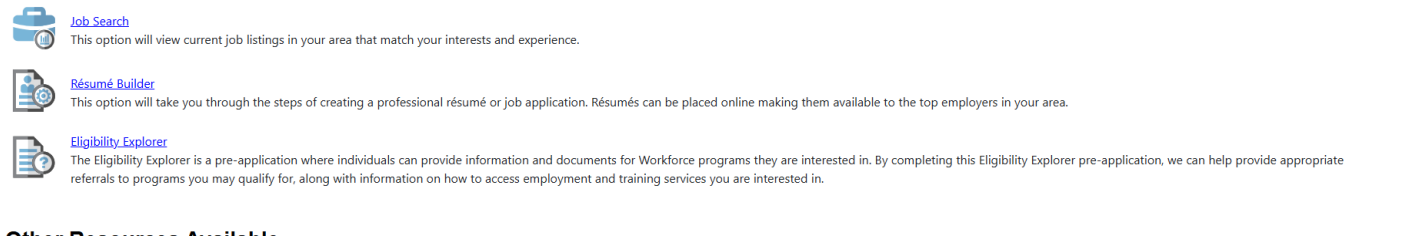


3. Read the Privacy Agreements and click agree.



4. Complete the application process.

a. Answer all the questions that have a red asterisk *



Once you have completed your application you will see this screen. You are done!

7/16/2026

SETA

Youth Addendum

Youth's Name: DOB: Last 4 of Social #:

CalJOBS Registration App ID (Wagner Peyser): Right to Work Documents: ☐

Education/Employment Status

	Yes	No
1. *Are you attending school?*	☐	☐
2. *Compulsory school attendance (14-17yrs)?:*	☐	☐
(If yes, recent date of attendance below)		

_____

	Yes	No
3. *Are you a High School graduate/equivalent?*	☐	☐
4. *Are you a High School Drop out?*	☐	☐
5. *Are you currently employed?*	☐	☐
5a. Are you receiving Unemployment Compensation?	☐	☐

Individual Needs Information

Form of Documentation Attached

	Yes	No	
6. *Are you a youth with a disability?*	☐	☐	Not Applicable
7. *Are you homeless and/or a runaway?*	☐	☐	_____
8. *Are you in out-of-home placement?*	☐	☐	_____
9. *Have you previously or currently been in the juvenile or adult justice system?*	☐	☐	_____
10. *Are you pregnant and/or parenting?*	☐	☐	_____
11. *Are you a current or aged out of foster care youth?*	☐	☐	_____
11a. are you eligible under section 477 of the social security act?	☐	☐	_____
12.*Are you considered an English Language Learner (ELL)?*	☐	☐	Not Applicable
13.*Are you considered Basic Skills Deficient? (Note: If you are ELL you must mark "yes")*	☐	☐	_____
14.*Do you need additional assistance to enter or complete an education program or to secure or hold employment? (State Reason Below):	☐	☐	Not Applicable

(Note: ISY ONLY-No more than 5% can be enrolled on solely meeting eligibility in this category.)

***If "yes" is ONLY marked for question's #12, 13, &/or 14, low income verification is required for Out-of-School Youth.**

Family & Income Information

14. Are you receiving?
(if "yes", verification needed)

a. Refugee Assistance:	Yes ☐	No ☐
b. General Assistance:	Yes ☐	No ☐
c. TANF:	Yes ☐	No ☐
d. CalFresh/SNAP:	Yes ☐	No ☐

15. Do you live in a High Poverty Area?

Census Tract: Yes ☐ No ☐

Zip code: Yes ☐ No ☐

_____

16. Family Size (including yourself): _____

List family relationship to you:

1. Self
2. _____
3. _____
4. _____
5. _____
6. _____

Total Family Income (past 6 months): _____

Additional Information

17. Have you registered for Selective Service (Male Youth 17.5-25yrs)? [if "yes", verification needed] Yes ☐ No ☐ N/A ☐

18. Are you a Migrant Seasonal Farmworker? Yes ☐ No ☐

19. Are you facing individual substantial cultural barriers? Yes ☐ No ☐

20. Are you a non-economical disadvantaged youth (over-income 5% pre-approval needed)? Yes ☐ No ☐

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act Program and may result in action to recover any money paid while participation.

Youth Signature: **Parent/Guardian (if under 18yrs) Signature:** **Date:**

Case Manager Signature: **Agency Name:** **Date:**

Sacramento Works Job Center

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

The Sacramento Works Job Centers are part of an employment and training system that involves the following agencies:

1. Sacramento Employment and Training Agency (SETA)
2. State of California Department of Rehabilitation
3. State of California Employment Development Department
4. Sacramento County Department of Human Assistance and Department of Health & Human Services
5. Probation Department
6. Senior Community Service Program
7. Social Community Service Program
8. Child Care Program (Head Start & Child Action)
9. Local community-based organizations
10. California Youth Authority
11. Local Educational Agencies/School Districts
12. Colleges of the Los Rios Community College District
13. Other_____

I hereby authorize co-located staff of the Sacramento Works Job Center to discuss and/or release information between any of the above agencies, or to a designated representative thereof, about my eligibility, assessment, counseling, attendance, progress and termination. Additional information regarding my job search training and employability status may also be released.

By signing below, I acknowledge that I have also received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Confidential Information.

Please Print Name:	
Signature:	**Date:**

Clear Button

WIOA Youth Program
Medical Consent and Emergency Information Form

Name: _____
Last **First**

Sex at birth: Female Male

Address: _____
Street/Post Office Box

_____
City **State** **Zip**

Telephone: **Cell/Message Phone:**

In the case of an emergency and I am unable to be reached contact:

Name	Relationship	Phone	Cell/Message

Please check all that apply

Medical Information	✓	Medical Information	✓
Asthma or Other Respiratory Problems		Medications (List below)	
Diabetes, or Hypoglycemia		Bee Stings/Insect Bites	
Hemophilia, or Other bleeding Problems		Foods (List below)	
Circulatory or Heart Problems		EPI Pen	
Epilepsy		Other Significant Medical Conditions	

Medical Details: _____
_____
_____

Mark box that applies:

☐ **1.** In the event of an emergency, when a parent/guardian is unavailable, I authorize _____ Personnel to arrange for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment.

☐ **2.** I do not choose the above statement and desire the following action in the event of an emergency:

_____
_____
_____

_____ _____ _____
Participant's Signature **Participant Print Name** **Date**

_____ _____ _____
Parent's/Guardian's of youth under 18 **Parent/Guardian Print Name** **Date**