



**FLORIDA DEPARTMENT OF EDUCATION  
NATIONAL FARMWORKER JOBS PROGRAM**

**Local Office Name, Address, City, State, Zip  
Telephone and Fax Numbers**

**APPLICATION FOR NFJP SERVICES**

1. PROJECT \_\_\_\_\_

**SECTION E.1 APPLICANT BASIC INFORMATION**

2. APPLICANT'S NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ SSN \_\_\_\_\_  
3. BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. TRACKING NO. \_\_\_\_\_ 5. GENDER:  MALE  
 FEMALE  
6. HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

By entering the SSN we may be able to process your application more quickly

**SECTION E.2 APPLICANT INFORMATION**

7. APPLICANT IS A:  FARMWORKER, OR A  DEPENDENT OF \_\_\_\_\_ SSN \_\_\_\_\_  
8. IF APPLICANT IS A DEPENDENT, IS THE FARMWORKER ALSO ENROLLED IN THE FJEP PROGRAM?  YES  NO  
9. IF THE FARMWORKER IS ENROLLED, WHAT IS HIS/HER TRACKING NUMBER? \_\_\_\_\_  
10. WAS THE APPLICANT REFERRED BY A ONE-STOP PARTNER?  YES  NO  
11. CURRENT ADDRESS \_\_\_\_\_  SAME AS HOME ADDRESS  
\_\_\_\_\_  
ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
12. HOME OR CONTACT PHONE \_\_\_\_\_ 13. EMERGENCY CONTACT \_\_\_\_\_  
14. SECONDARY CONTACT PHONE \_\_\_\_\_ 15. SECONDARY EMERGENCY CONTACT \_\_\_\_\_

**APPLICATION REVIEW AND COMMENTS:**

\_\_\_\_\_

## SECTION E.3      WORK HISTORY FOR THE FARMWORKER

16. FARMWORKER'S WORK HISTORY – MUST INCLUDE 12 CONSECUTIVE MONTHS (See Manual for Instructions)						
INCOME INFORMATION	DATES		NUMBER OF DAYS		AMOUNT RECEIVED	
EMPLOYER/SOURCE:	FROM	TO	FARM	NON-FARM	FARM	NON-FARM
ADDRESS:						
ACTIVITY + NAICS CODE:						
EMPLOYER/SOURCE:						
ADDRESS:						
ACTIVITY + NAICS CODE:						
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ACTIVITY + NAICS CODE:						
EMPLOYER/SOURCE:						
ADDRESS:						
ACTIVITY + NAICS CODE:						
<b>TOTALS</b>						

Certification Period: From \_\_\_\_\_ to \_\_\_\_\_

	<b>TOTAL FARMWORKER INCOME</b>	
17. Check if FAMILY MEMBER INCOME FORM is required [ ]	<b>TOTAL FAMILY MEMBER INCOME</b>	
18. Total Family Members _____	<b>TOTAL FAMILY INCOME</b>	
	<b>GUIDELINE AMOUNT</b>	

## SECTION E.4 FAMILY MEMBER INCOME

19. The dates used in this table must be within the same 12-month period used to determine farmworker eligibility.

EMPLOYER OR OTHER INCOME SOURCE	DATES		AMOUNT
	FROM	TO	
NAME OF FAMILY MEMBER:		SSN:	
Gender: Male Female	Date of Birth:	Relationship to Applicant:	
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
NAME OF FAMILY MEMBER:		SSN:	
Gender: Male Female	Date of Birth:	Relationship to Applicant:	
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
NAME OF FAMILY MEMBER:		SSN:	
Gender: Male Female	Date of Birth:	Relationship to Applicant:	
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
EMPLOYER NAME:			
ADDRESS:			
By entering the SSN we may be able to process your application more quickly		TOTAL OTHER FAMILY MEMBER INCOME	

**SECTION E.5 ENROLLMENT INFORMATION**

**20. RACE**

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- HAWAIIAN OR OTHER PACIFIC ISLANDER

**21. ETHNICITY**

- HISPANIC
- NOT HISPANIC

**23. FARMWORKER STATUS**

- MIGRANT
- SEASONAL

**22. BARRIERS TO EMPLOYMENT**

- LIMITED ENGLISH PROFICIENCY
- OFFENDER
- HOMELESS (include runaway youth)
- DISPLACED HOMEMAKER
- LACKS SUFFICIENT WORK HISTORY
- LONG TERM AGRIC. EMPLOYMENT
- PREGNANT OR PARENTING YOUTH
- SUBSTANCE ABUSE
- LACKS TRANSPORTATION
- SINGLE HEAD OF HOUSEHOLD WITH DEPENDENTS UNDER AGE 18
- INDIVIDUAL WITH A DISABILITY
- TANF EXHAUSTEE

**24. LABOR FORCE**

- EMPLOYED
- UNEMPLOYED

**25. U.I. STATUS**

- CLAIMANT
- EXHAUSTEE
- NONE

**26. HOUSING STATUS**

- HOMELESS
- SINGLE FAMILY
- MULTI-FAMILY
- CAMP
- MOBILE HOME

**27. WOULD MOVE TO FARMWORKER HOUSING IF AVAILABLE**

- YES
- NO

**28. DWELLING OVERCROWDED**

- YES
- NO

**31. BASIC LITERACY SKILLS DEFICIENT**

- YES
- NO

**32. CUSTOMER STATUS**

**EDUCATION COMPLETED**

- \_\_\_ 0 NO SCHOOL GRADE
- \_\_\_ 01-11 ELEMENTARY /SECONDARY
- \_\_\_ 12 H.S. GRADUATE
- \_\_\_ 88 GED
- \_\_\_ 13-15 POST H.S. ( TECH, VOC. COL. )
- \_\_\_ 16 BACHELOR'S DEGREE
- \_\_\_ 17 BEYOND BACHELOR'S DEGREE
- \_\_\_ 91 ASSOCIATE DEGREE (AA/AS)

**29. OWNERSHIP OF DWELLING**

- RENT
- OWN
- OTHER

**33. VETERAN STATUS**

- YES
- NO

**34. SELECTIVE SERVICE**

- REGISTERED
- NOT REQUIRED
- WAIVER
- FEMALE (NOT APPLICABLE)

COPY ON FILE

**STUDENT AT TIME OF ENROLLMENT (PART-TIME / FULL-TIME)**

- IN SCHOOL, HS OR LESS
- IN SCHOOL, ALTERNATIVE
- IN SCHOOL, POST HS
- NO

**30. IMMEDIATE NEEDS**

- NUTRITIONAL
- CHILD CARE
- MEDICAL
- TRANSPORTATION

**(34 OR) 35. PUBLIC ASSISTANCE RECEIVED**

- TANF
- GA, RCA, SSI/SSA
- FOOD STAMPS

**TOTAL FAMILY SIZE** \_\_\_\_\_

**CHILDREN UNDER 18** \_\_\_\_\_

**CHILDREN 0-5** \_\_\_\_\_

**SECTION E.6 VERIFICATIONS**

**36. DOCUMENTS USED TO VERIFY WORK AUTHORIZATION**

- U.S. PASSPORT (LIST A)
- UNEXPIRED FOREIGN PASSPORT WITH I-551(LIST A)
- PERMANENT RESIDENT CARD OR I-551 (LIST A)
- EMP. AUTHORIZATION DOCUMENT (I-766) (LIST A)
- FOREIGN PASSPORT WITH I-94 OR I-94 A (LIST A)
- FSM OR RMI PASSPORT WITH I-94 OR I-94 A (LIST A)
- OR -
- DRIVERS LICENSE (LIST B)
- ID WITH PHOTOGRAPH (LIST B)
- SCHOOL ID WITH PHOTOGRAPH (LIST B)
- VOTER REGISTRATION CARD (LIST B)
- U.S. MILITARY ID CARD OR DRAFT RECORD (LIST B)
- MILITARY DEPENDENT ID (LIST B)
- U. S. MARINER CARD (LIST B)
- NATIVE AMERICAN DOC (LIST B)
- CANADIAN DRIVERS LICENSE (LIST B)
- SCHOOL RECORD OR REPORT (LIST B)
- HOSPITAL RECORD (LIST B)
- DAY-CARE OR NURSERY RECORD (LIST B)
- AND -
- U.S. SSN CARD (LIST C)
- BIRTH CERTIFICATE FORM FS-545 OR DS-1350 (LIST C)
- BIRTH CERTIFICATE COPY (LIST C)
- NATIVE AMERICAN DOC (LIST C)
- U.S. CITIZEN ID I-197 (LIST C)
- RESIDENT CITIZEN ID I -179 (LIST C)
- UNEXPIRED EMPLOYMENT DOC (LIST C)

VERIFICATION NUMBER    STATE    EXPIRATION DATE

**LIST A DOCUMENT SPECIFICATIONS:**

VERIFICATION NUMBER    STATE    EXPIRATION DATE

\_\_\_\_\_ \* \_\_\_\_\_ \*

- OR -

**LIST B DOCUMENT SPECIFICATIONS:**

VERIFICATION NUMBER    STATE    EXPIRATION DATE

\_\_\_\_\_ \* \_\_\_\_\_ \*

- AND -

**LIST C DOCUMENT SPECIFICATIONS:**

VERIFICATION NUMBER    STATE    EXPIRATION DATE

\_\_\_\_\_ \* \_\_\_\_\_ \*

**37. DOCUMENTS PRESENTED TO VERIFY INCOME**

- SUNTAX
- CHECK STUBS
- W-2 FORMS
- TAX RETURNS
- SELF-DECLARATION
- VERIFICATION LETTERS
- OTHER \_\_\_\_\_

**SECTION E.7 APPLICANT ELIGIBILITY**

CERTIFICATION: To be read to the applicant and/or translated into his/her primary language

I authorize the Florida Department of Education, Adult Migrant Program Services Unit and \_\_\_\_\_ to share information I have provided with other WIA One-Stop partners. I authorize access to any information concerning myself that is available from other WIA partners. This information is subject to review and verification, and I may have to provide documents to support it. I am aware that I may be denied services if and when I am found ineligible to receive services, and that I may be prosecuted if I have given false information. I allow release of this information for verification purposes. I understand this statement as it has been read or explained to me. I have received a copy of complaint procedures.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

38. APPLICANT MEETS WIA SECTION 167 ELIGIBILITY REQUIREMENTS AND IS ELIGIBLE:     YES     NO

39. APPLICANT MAY RECEIVE SERVICES PURSUANT TO WIA SECTIONS 188(A)(5) OR 189(H):     YES     NO

ENTER INTO PROGRAM:

40. ENROLLMENT DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_    41. PROJECT SITE: \_\_\_\_\_

42. EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

43. REVIEWER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_