



## Barrier Attestation

Name: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Sub-Grantee: \_\_\_\_\_

I am signing this declaration statement to proclaim to the Central Ohio Workforce Investment Corporation (COWIC), that I am currently experiencing the following barriers to employment or education. I understand that by completing and signing this form, I declare that the information I am providing is correct.

- |   |  |
|---|--|
| <input type="checkbox"/> Basic Skills Deficient           | <input type="checkbox"/> Requires Additional Assistance / Face |
| <input type="checkbox"/> Disconnected Youth (from school) | <b>Barriers to Employment</b>                                  |
| <input type="checkbox"/> Homeless                         | <input type="checkbox"/> Black / African American Male         |
| <input type="checkbox"/> Foster Child                     | <input type="checkbox"/> Physically or Learning Disabled       |
| <input type="checkbox"/> Pregnant / Parenting Youth       | <input type="checkbox"/> Failed 1 or more parts of the OGT     |
| <input type="checkbox"/> Offender                         | <input type="checkbox"/> No Employment History                 |
| <input type="checkbox"/> Disabled                         | <input type="checkbox"/> Connection to Gangs                   |
|   | <input type="checkbox"/> Empowerment Zone Resident             |
|   | <input type="checkbox"/> Single Parent Household               |
|   | <input type="checkbox"/> Overweight or Obese                   |
|   | <input type="checkbox"/> Substance Abuse                       |
|   | <input type="checkbox"/> Justice System                        |
|   | <input type="checkbox"/> Children's Services                   |
|   | <input type="checkbox"/> Significant Illness                   |

Please explain barrier(s) in detail:

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please provide additional documentation if obtainable, to accompany this form.