Fillable Application for DHS Youth Programs

When adding a customer from the partner customer group page, a new profile is created for the youth if there is not an existing account from a previous provider. ***There is no need for the youth to create a new Illinois workNet account until you enter the information into the system****.*

Information to "Add Customer" Invite the customer to participate in your program			
First Name		Date of Birth	
Last Name		SSN	
Email		Zip code	

Eligibility			
Do you live in Illinois?*	Yes ☐ No ☐		*No disqualifies youth*
Are you authorized to work in the U.S.?*	Yes ☐ No ☐		*No disqualifies youth*
Are you currently in school (when school is in session)? *	Yes ☐	*If no:* Do you have a high school diploma or equivalent? *	Yes ☐ No ☐
	No ☐	*If no:* Would you be willing to go back to school? *	Yes ☐ No ☐ *No disqualifies youth*

Select one or more that apply to you *

☐	I do not have work experience.	☐	I am or have been expelled or suspended from high school
☐	I have been fired or forced to quit one or more jobs	☐	I have a brother/sister who dropped out of school.
☐	I or my immediate family receive TANF Benefits	☐	Over the past year, I have been in trouble for my behavior
☐	I or my immediate family receive SNAP benefits	☐	I have been a victim of bullying.
☐	I live in a single-parent household.	☐	I have been called a bully by others
☐	I would be eligible to receive Free/Reduced lunch at school when I attend school.	☐	I am under age 18 and regularly left unsupervised after school
☐	I am homeless, (includes couch surfing)	☐	I have or had prior justice system involvement.
☐	I have had or I am currently involved with DCFS – Dept of Children & Family Services	☐	I have been and/or I have seen someone in my family suffer mental or physical abuse in our home.
☐	I have a brother/sister who is a teen parent	☐	I have a parent(s) who have been or is currently in jail/prison
☐	I am pregnant.	☐	I have a sibling who has been or is currently in jail/prison.
☐	I am a parent of one or more children	☐	I have been arrested one or more times in the past.
☐	I identify as LGBTQ or non-binary.	☐	Over the past year, I have skipped school several times
☐	I have a disability.	☐	I often have a hard time with my schoolwork
☐	I have an Individual Education Plan (IEP) at school	☐	I am in a gang.
☐	I have been held back one or more grades at school OR My teacher says I am in danger of being held back	☐	I have a parent or sibling who has been or is currently a member of a gang.
		☐	None of the above – *checking this disqualifies the youth*

Employment Goals			
What are your immediate employment goals?	☐ Full time	☐ Part time	
How can you travel to training?	☐ Bus ☐ Train	☐ Driving ☐ Walking	☐ Bicycle/Scooter ☐ Driven by others
When are you able to work?	☐ Day ☐ Evening ☐ Night	☐ Weekends ☐ Other	

It is useful to identify your goals and how you want your life to be once you are working. It will help you stay motivated. List how your life would be better if you had a higher level of income.

Where do you see yourself in 1 year?	
Where do you see yourself in 5 years?	
What steps have you taken to get there?	☐ Researched Careers, Wages, and Trends ☐ Researched Training Providers ☐ Started/Completed Some Training ☐ Researched/Applied for Financial Aid/Scholarships ☐ Started or Completed a Resume ☐ Prepared for an Interview ☐ Created a Portfolio ☐ Applied for Jobs ☐ Updated Online Persona to Align With Your Goals ☐ Join Student/Trade Organization or Follow Their Social Media ☐ Network With Others in Your Field of Interest ☐ Network With Others to Find a Job ☐ No Actions Taken ☐ Other
What do you see as your work-related skills/strengths? Include knowledge of operating machines and equipment, ability to type, tools owned, etc. *	
Physical Demands	
What is the heaviest load that you could lift in the workplace?	☐ 55 pounds ☐ 50 pounds ☐ 30-40 pounds ☐ 25 pounds ☐ Less than 25 pounds
What is the longest amount of time that you could stand upright in the workplace? *	☐ 8 hours ☐ 6 hours ☐ 4 hours ☐ 2 hours ☐ Less than 2 hours
Are you able to sit for long periods of time? *	☐ Yes ☐ Yes, but I need to get up and move around from time to time ☐ No
Some employers require you to be drug free for 30-120 days. In those cases, they will require you to complete a drug test. Will you be able to pass a drug test? *	☐ Yes, I am drug free and can pass a drug test ☐ Yes, I have been drug-free for at least 30 days ☐ Yes, I am willing to make changes to be able to pass a drug test ☐ Yes, I want to be able to pass a drug test, but I need help ☐ I am not interested in careers that require a drug test – *disqualifies youth*
Describe your eyesight or vision: *	☐ I can see without glasses or contacts ☐ I can see with glasses or contacts ☐ I am legally blind
What work environment do you prefer? Select all that apply*	☐ Clerical ☐ Construction ☐ Customer Service ☐ Food Service ☐ Grounds Keeper/Gardener ☐ Housekeeping ☐ Health Services (e.g. Pharmacy Tech ☐ Mechanical (e.g. Auto Tech/Manufacturing) ☐ Maintenance ☐ Other
Other Items	
Do you have a valid drivers license? *	☐ Yes ☐ No, but I could get a driver's license if I had training ☐ No, I am not able to get a driver's license ☐ My license is temporarily suspended
Some employers will complete a background check on new employees. Please check all of the following that apply to your situation: * *Select all that apply*	☐ I am registered on the sex offender registry ☐ I have a violent felony conviction ☐ I have a non-violent felony conviction ☐ I have a misdemeanor conviction (excluding traffic violations) within the past 7 years ☐ I have been on probation in the last 10 years (excluding traffic violations ☐ I am not interested in careers that require a background check ☐ None of the above apply to me

Paper Application for DHS Youth Programs
April 2026 v8

Application – Contact Information							
Social media for contact purposes							
Social Security number	Format: xxx-xx-xxxx						
Street Address							
Street Address 2							
City				State	IL	Zip Code	
County		Township		Community			
Primary Phone			Alternate Phone				
Phone Type	Mobile ☐ Home ☐ Work ☐		Alternate Type	Mobile ☐ Home ☐ Work ☐			
If under 18 need parent or guardian contact information – name, relationship, address phone.							

Information about you					
Gender	☐ Male ☐ Female		☐ Non-Binary ☐ Prefer Not to Answer		
Military Status	☐ None ☐ Active		☐ Veteran ☐ Discharged		
Marital Status	☐ Married ☐ Single		☐ Divorced ☐ Other		
Ethnicity	☐ Hispanic or Latino		☐ Non-Hispanic or Latino		
Race Select all that apply:	☐ White ☐ Asian ☐ Hawaiian or Pacific Islander		☐ Black/African American ☐ American Indian or Alaskan Native ☐ Prefer not to answer		
Primary Language – Mark with a 1 Mark a Secondary language with a 2	☐ English ☐ Arabic ☐ Cambodian ☐ Cantonese ☐ Chinese ☐ French	☐ German ☐ Japanese ☐ Korean ☐ Other ☐ Filipino ☐ Polish	☐ Russian ☐ Sign Language ☐ Spanish ☐ Vietnamese ☐ Italian		
Are you compliant with Selective Service?	☐ Yes ☐ No If you were born male and between 18 and 25 years of age you must be registered with Selective Service. Number: https://www.sss.gov/verify/				

Application - Education				
Highest Level of education	☐ None ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th	☐ 7th ☐ 8th ☐ HS Freshman ☐ HS Sophomore ☐ HS Junior ☐ HS Senior did not receive diploma ☐ HS Senior received HS diploma	☐ GED ☐ College Freshman ☐ College Sophomore ☐ College Junior ☐ Associate degree ☐ Bachelor's Degree	☐ Masters ☐ Doctorate ☐ Not Reported ☐ Received Certificate of Attendance Completion ☐ Received other Post-Secondary Degree or Certificate ☐ Received other training degree or certificate
Do you have more degrees, certificates, licenses or credentials?	☐ No ☐ Yes – list items below Title Institution Date Earned	☐ Credential Type ◯ HS diploma ◯ Certification ◯ Diploma ◯ License ◯ Credential	☐ Credential Source ◯ Copy of credential ◯ Copy of Certificate ◯ Copy of License ◯ Copy of Credential	

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Application – Employment History							
Have you had a job?	☐ Yes – list work history at least one job ○ Employed, Unemployed, or Employed but received notice of termination ☐ No - Not in the labor force						
If employed:	Employer Name				Are you currently employed here:		
	Start Date		End Date				
	Job Title						
	Street Address						
	City		State		Zip		
	Street Address						
	Job Duties						
	Hours per week						
	Reason for leaving						

Additional Employment here:

Final Questions

Are you working with any of the service providers below?*	☐ Center for Independent Living ☐ Community College ☐ Illinois Department of Employment Security (IDES) ☐ Illinois Department of Healthcare and Family Services ☐ Illinois Department of Human Services Office of Mental Health & Developmental Disabilities ☐ Illinois Department of Human Services Office of Vocational Rehabilitation	☐ Illinois Division of Rehabilitation Services (IDRS) ☐ National Association of Mental Illness (NAMI) ☐ Special Education District ☐ Veterans Administration ☐ N/A ☐ Other IDHS Program
How did you hear about this program/Illinois workNet?*	☐ Email ☐ Facebook ☐ Family or Friends ☐ Local DHS Office ☐ Illinois workNet Center ☐ Illinois workNet Website ☐ LinkedIn	☐ Mailings ☐ Newspaper or Magazine ☐ Radio ☐ TV ☐ Twitter ☐ Other

Review all information with applicant make any corrections. Enter the information into Illinois workNet. Review all information that is entered on behalf of the applicant. Make any corrections and hit submit twice.