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| **Personal Information** *(All fields are required to receive services)* |  |
| **Social Security Number:**  |  |
| **Last Name:** | **First Name:** |
| **Physical Address:** |
| **Mailing Address (if different from physical):** |
| **City:** | **State:** | **Zip:** |
| **Phone: Home:** **Cell:**  | **E-mail:** | **Date of Birth:** |
| **If we can’t reach you, who can we call? Name:       Phone:**  |
| **U.S. Citizen:** [ ] Yes [ ] No | **Gender:** [ ] Male [ ]  Female [ ] Not Answered |
| **Ethnicity:** **[ ]** Hispanic [ ] Non-Hispanic  | **Race:** [ ]  White [ ] Black or African American [ ] Asian [ ] American Indian or Alaska Native [ ] Undeclared [ ] Native Hawaiian or Pacific Islander  |
| **Disability:** [ ] Yes [ ] No [ ] Prefer not to say |
| **Disability Type:** [ ] Physical/Chronic [ ] Vision-related [ ] Cognitive [ ] Mental or Psychiatric  [ ]  Physical/Mobility [ ] Hearing-related [ ] Learning |
| **Educational Attainment:** [ ]  Currently in High School [ ]  H.S. Dropout [ ]  H.S. Diploma or Equivalency**Highest Level Completed:** SCHOOL YEARS:      OR HIGHEST DEGREE OBTAINED**:****Apprenticeship:**  [ ]  Currently in Apprenticeship [ ]  Completed Apprenticeship |
| **Veteran Status:** (If Veteran, must attach copy of DD-214.) **[ ]** N-None [ ] V-Veteran [ ] S->30% Disabled [ ] D-<30% Disabled [ ] O-Other Eligible Person  |
| **Employment Information** |
| **Current Employment Status:** [ ] Employed [ ] Not Employed [ ] Not in Labor Force  [ ] Employed but received notice of termination of Employment or Military Separation |
| **Please fill out the following statement, and add any information as appropriate:** Since \_\_\_\_\_\_\_\_, I have been employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. On \_\_\_\_\_\_\_\_, I received notice that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Provide proof of Job Dislocation (layoff letter from employer or proof you receive Unemployment Insurance)** |
| **Have you Filed an Unemployment Claim Recently?** [ ]  Yes [ ]  Yes, but benefits exhausted [ ]  No  |
| **Are you a Migrant Seasonal Farmworker? [ ]** No [ ] Dependent  [ ] Seasonal Farmworker [ ] Migrant and Seasonal Farmworker |
| **Do you experience any of the following barriers to employment?** |
| **[ ]** Homeless**[ ]** Low Income **[ ]** Single Parent **[ ]** Offender/ Criminal History**[ ]** Underemployed**[ ]** English Language Learner**[ ]** Cultural Barriers **[ ]** Basic Skills Deficient |
| **Additional Required Information** *Federal law requires the collection of this information.* |
| **How large is your immediate family, including yourself:** **# Dependents 18 & Under:** |
| **Are you currently receiving benefits from any of the following federal programs?** |
| [ ]  Pell Grant [ ]  SNAP (last 6 months) [ ] TANF **[ ]** SSI [ ]  SSDI[ ] GA/RCA/ACA Medicaid  |
| I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file and complaint.**Signature of Applicant Printed Name of Applicant Date****Signature of Interviewer Printed Name of Interviewer Date** |
|  |
| **Eligibility Requirements** *Participants must prove their citizenship and eligibility.* |
| Please check the documents used to verify citizenship and date of birth. Attach a copy(s).**[ ]** U.S. Passport **[ ]** Birth Certificate **[ ]** DD-214 (if place of birth is listed) **[ ]** Official Hospital Record of Birth **[ ]** Certification of Naturalization **[ ]**  Native American Tribal Document **[ ]** Baptismal Certificate (if birth place is listed) **[ ]** Public Assistance Record **[ ]** Driver’s License (can only be used for date of birth)  |
| Please check the document used to verify Dislocated Worker Status. Attach a copy. **[ ]** Layoff Letter**[ ]** Receipt of Unemployment Insurance (Benefit history, Eligibility Determination Letter, UI Check Stub) |
| Please check the document used to verify compliance with selective service requirements. Attach a copy.**[ ]** Acknowledgement letter **[ ]** DD-214 **[ ]** Selective Service Verification/ Registration Card **[ ]** Selective Service Form 3A **[ ]** Status information letter + Applicant statement **[ ]** [**www.sss.gov**](http://www.sss.gov)printout of registration |
| Please check the document provided to verify your social security number. Attach a copy.**[ ]** Social Security Card **[ ]** SNAP or TANF Household Summary with Social Security Numbers **[ ]** DD-214 **[ ]** SS Administration Confirmation Letter with participant’s name and SSN |