|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **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?** | | | | |
| HomelessLow Income Single Parent Offender/ Criminal History  UnderemployedEnglish Language LearnerCultural BarriersBasic 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  SSDIGA/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 | | | | |