

PROGRAM APPLICATION

I. DEMOGRAPHIC INFORMATION			
Last 4-Digits of SSN:		Today's date:	
First name:	Last name:	Middle name:	
Street Address:			
City:	State:	Zip:	County:
Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:			
Alt. phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:			
Email address: <input type="checkbox"/> I do not have an email address			
Emergency contact name and relationship to you:			
Emergency contact phone number(s):			
Date of birth:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Racial/ethnic background? <i>Please check one and fill in the blank provided when appropriate.</i>			
<input type="checkbox"/> (A) Asian <input type="checkbox"/> (C) Caucasian/White <input type="checkbox"/> (T) Two or more races <input type="checkbox"/> (B) African American/Black <input type="checkbox"/> (N) American Indian/Alaska Native <input type="checkbox"/> (O) Other: _____			
Employment status: <input type="checkbox"/> Employed - full time <input type="checkbox"/> Employed - part time <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____		Annual household income: (Check all that apply) <input type="checkbox"/> Below \$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> Over \$80,000 <input type="checkbox"/> Unknown <input type="checkbox"/> Eligible for free or reduced Lunch	
Number of people in your household: _____			
Household status: <input type="checkbox"/> One income, no dependents <input type="checkbox"/> One income, one dependent <input type="checkbox"/> One income, two or more dependents <input type="checkbox"/> Two incomes, no dependents <input type="checkbox"/> Two incomes, one dependent <input type="checkbox"/> Two incomes, two or more dependents <input type="checkbox"/> Three (or more) incomes, no dependents <input type="checkbox"/> Three (or more) incomes, one dependent <input type="checkbox"/> Three (or more) incomes, two or more dependents		Primary language: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Are you an immigrant or refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, country of birth? _____	

I. DEMOGRAPHIC INFORMATION continued...

Highest level of education completed?

- | | |
|--|---|
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> PhD |
| <input type="checkbox"/> GED | <input type="checkbox"/> Other post graduate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational Certification: |
| <input type="checkbox"/> Associate degree | (type?) _____ |

HSD

Are you a Veteran? Yes No

Are you registered to Vote? Yes No

Live in CPO Housing? Yes No

Live in Weinland Park? Yes No

Live in Milo Grogan? Yes No

How did you hear about this program?

Please check one. Fill in the blank when provided.

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> School | <input type="checkbox"/> Job fair |
| <input type="checkbox"/> Another client/customer | <input type="checkbox"/> Radio | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Brochure/flyer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website/internet search |
| <input type="checkbox"/> Weinland Park Newsletter | <input type="checkbox"/> Phone book | <input type="checkbox"/> Probation/parole officer |
| <input type="checkbox"/> Library branch: _____ | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Previously a client/customer |
| <input type="checkbox"/> FCDJFS Center: _____ | <input type="checkbox"/> Community outreach | <input type="checkbox"/> HandsOn Central Ohio (2-1-1) |
| <input type="checkbox"/> Agency referral: _____ | <input type="checkbox"/> Neighborhood Engagement | <input type="checkbox"/> Other: _____ |

II. PROGRAM INTEREST

Please answer the follow questions with at least 3-4 sentences.

Why are you interested in this program? _____

What do you hope to get out of this program? _____

Where do you see yourself in three years? _____

STAFF NOTES ON INTEREST:

III. EMPLOYMENT INFORMATION

Are you currently employed? Yes No If NO, are you unemployed by choice? Yes No

Briefly describe your previous employment history over the past 10 years: _____

Please complete **ANY/ALL** of the following employment sections that apply to you.

IF YOU ARE EMPLOYED, please provide the following information about your current employment:

Name of employer:	Job title:
Number of hours per week:	How long have you held this position?
This job matches my education and skill sets, and it pays enough to support my household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UE	

IF UNEMPLOYED OR UNDEREMPLOYED, please provide the following information:

What have you been focusing on while unemployed? <i>Please check all that apply.</i>		
<input type="checkbox"/> 4 or 2 year degree	<input type="checkbox"/> Job search	<input type="checkbox"/> Other: _____
<input type="checkbox"/> GED program/test	<input type="checkbox"/> Family/household	_____
<input type="checkbox"/> Vocational/technical training	<input type="checkbox"/> Caregiver for family/friend	_____
Job title of last position held:	Amount of time since last position:	
Reason for leaving last position:		
Do you have an up-to-date resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you actively seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IF YOU ARE ACTIVELY SEEKING WORK, please provide the following information:

Type of work you seek:	Desired wage (range):
Desired benefits:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time _____ Hours per week
I am willing to relocate for work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How far are you willing to travel for work?	
<input type="checkbox"/> less than 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> 10-45 minutes <input type="checkbox"/> 45+ minutes <input type="checkbox"/> less than 5 miles <input type="checkbox"/> 5-10 miles <input type="checkbox"/> 10-15 miles <input type="checkbox"/> 15+ miles	

STAFF NOTES EMPLOYMENT:

WORK HISTORY

I have limited or no work experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	LNW
I have poor work experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	PWH
Most or all of my jobs lasted less than 1(one) year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have been fired from a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have walked off a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
My supervisor would say I had good attendance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

WORK READINESS

I know how to dress for and have clothes necessary for the type of work I am seeking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	AP
I have appropriate interview clothing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	B E S
I know what type of education level, knowledge and skills are needed for the work I am seeking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If not, I know where to obtain the education, knowledge and skills needed for the work I want.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I know what legal documentation I need to prove I am eligible to work in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have copies of the legal documentation I need to prove I am eligible to work in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have realistic expectations about what work I can do & how long it takes to find work.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a working phone number.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a business-like message on my answering machine/voicemail.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Persons at my home know how to take a message for me.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I can completely fill out a paper job application on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I can completely fill out an on-line/electronic job application on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a resume, sample cover letter and references.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have received interviews based on my applications and resume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have good job interview skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I know how to look for a job in a newspaper and on-line.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have an appropriate, business-like email address.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have told everyone I know, including my references, that I am looking for a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I know how to give the proper notice when leaving a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
In the next 2 months, I have appointments scheduled (eg: Doctor, welfare, court) during business hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I know how to use email, create and save documents, and attach documents to emails.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	CL

MY THREE GREATEST STRENGTHS ARE:

1.

2.

3.

STAFF NOTES ON WORK HISTORY:

III. EDUCATION INFORMATION

Are you currently in school:

Yes No

Have you ever been asked to leave a school?

Yes No If YES, why? _____

Can you read and write in English?

Yes No

Can you provide a copy of your high school diploma or GED?

Yes No

IF YOU ARE CURRENTLY ENROLLED IN EDUCATION BEYOND HIGH SCHOOL

Please provide the following information about your current training program:

Name of institution/school:
Program of study:
Type: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Post-Grad Degree <input type="checkbox"/> Certification <input type="checkbox"/> Certificate of Completion
Type of work you plan to pursue with this education:
Number of classes and/or credit hours completed:
Date you started this program:

IF PREVIOUSLY COMPLETED COLLEGE COURSEWORK, however are not currently in school at this time - Please provide the following information about your previous college program:

Name of school:
Program of study:
Occupation you planned to obtain with this education:
Number of classes and/or credit hours completed:
Dates attended: Start? _____ End? _____
If you withdrew from school before completing your program of study, what was your reason for leaving?

EDUCATIONAL GOALS

Please tell us what type of education you wish to pursue. Check all that apply.

<input type="checkbox"/> Earn a 2-yr college degree	<input type="checkbox"/> Go to college – length of time unknown
<input type="checkbox"/> Earn a 4-yr college degree	<input type="checkbox"/> Pass OGT
<input type="checkbox"/> Earn vocational credential	<input type="checkbox"/> Obtain GED
<input type="checkbox"/> Enter apprenticeship program	<input type="checkbox"/> I do not wish to pursue more education at this time
	<input type="checkbox"/> Undecided

STAFF NOTES ON EDUCATION:

LIVING SITUATION INFORMATION

MARITAL STATUS AND DEPENDANT INFORMATION

Are you: Single/Never Married Married Separated Windowed Divorced Unspecified

Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Number of children you have under the age of 18 years:	Do they live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the following information about the people in your household:

SEX: M or F	AGE	DEPENDENT Y or N	NAME	RELATIONSHIP TO YOU

HOUSING AND TRANSPORTATION

I have housing and expect it will be stable for the next three months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I am homeless.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	H
My housing meets my needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IH
I expect I can keep my utilities connected for the next three months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	UT
I have a valid driver's license.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have reliable transportation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	LT
My main means of transportation is the bus (eg: COTA).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I rely on a friend or family member to drive me where I need to go.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I own a vehicle with valid auto insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I own a vehicle without valid auto insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I need assistance with the cost of traveling to and from this program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STAFF NOTES ON LIVING SITUATION:

VI. FINANCIAL INFORMATION

Please tell us how you are supporting your household at this time.

	YOURS	OTHER HOUSEHOLD MEMBERS
1. INCOME		
Employment		
Self-Employment		
Commission		
2. COURT AWARDED SUPPORT		
Spousal Support (cash to you)		
Child Support		
3. DIVIDENDS/INTEREST FROM INVESTMENTS		
4. ENTITLEMENT PROGRAMS		
Workers Compensation		
Unemployment Compensation		
Social Security/Pension		
Veterans Administration Pension Benefits		
Private Pension/Retirement Benefits		
Social Security Disability		
5. PUBLIC ASSISTANCE		
Temporary Assistance to Needy Families		
General Relief		
Food Stamps		
Supplemental SSI		
Refugee Funds		
6. OTHER FINANCIAL SUPPORT		
7. AMOUNT OF SAVINGS		
TOTAL MONTHLY RESOURCES	\$	\$
TOTAL YEARLY RESOURCES	\$	\$

FINANCIAL STABILITY

I have 12 months or more before my welfare cash assistance terminates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a bank account.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	BNK
I have received a copy of my credit report in the last year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CR
I have bad credit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D/BP
I have debt problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a difficult time managing my money.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have received grants or scholarships to attend college before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have taken out student loans to pay for college before. \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I am able to make my monthly student loan payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	FA
I have loans in deferment (payments postponed under certain conditions).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have student loans in default (more than 270 days past due).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a payment plan set up to repay my loans currently in default.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STAFF NOTES ON FINANCES:

VII. HEALTH AND WELLNESS INFORMATION

I have enough food to eat.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	F
I have health insurance for myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have health insurance for my children/dependants.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have no insurance, but know where I can get low-cost medical care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a reliable, trustworthy child care provider and a back-up in case of emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CC
I have a child with behavioral problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A household member is sick and may prevent me from reaching my educational and/or employment goals at this time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SC/SH
I have reliable, trustworthy care for my disabled family member for whom I am responsible for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have reliable, trustworthy care for my elderly family member for whom I am responsible for.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	EC
I am in an abusive relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DV
I have a disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D
I need medical accommodations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	MA
I may need glasses.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	V
I am pregnant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	P

I take medications that make it difficult to focus and/or stay awake.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SA
I have allergies that, when triggered, require immediate medical care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a drug or alcohol problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a history of drug or alcohol problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
There is a history of drug or alcohol problems in my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I can pass a drug test.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have been in counseling before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have experienced depression or anxiety in the past 2 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a history of mental health problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
There is a history of mental health problems in my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have had suicidal thoughts and/or attempted suicide before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have had suicidal thoughts in the last six months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I am currently in counseling.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have a support system I am satisfied with.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STAFF NOTES ON WELLNESS:

VIII. LEGAL INFORMATION

I have a felony criminal record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	FEO
I have a non-felony criminal record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NFO
I report to a probation officer. When: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have one or more warrants. Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	W
I have other outstanding legal issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	OLI

STAFF NOTES ON LEGAL INFO:

IX. PEOPLE AND PERSONAL SKILLS

I work well with others.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	F
I follow directions well.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I accept responsibilities for my actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I can get along with just about anyone.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have difficulty adjusting to change.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D
I have difficulty doing things on time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have difficulty making decisions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have difficulty staying focused.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have difficulty getting out of bed in the morning.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	AN
I have difficulty controlling my temper.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I have an anger problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	AX
I have avoided people, places and/or situations because of worry or fear.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I become overwhelmed or stressed-out easily.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STAFF NOTES ON PERSONAL SKILLS:

X. OTHER RESPONSIBILITIES AND COMMITMENTS

Please list any dates, days of the week and/or times you would definitely be UNABLE to attend a program. (eg: work schedule, school schedule, court dates, Dr. appts., etc.)

Applicant Signature

Date

Staff Use Only – Circle applicable items: appearance, basic literacy, TABE, communication skills, depression, dislocated worker, displaced homemaker, illegal immigrant, LD, limited English, MH, SA, under-employed