 

**Career Center Supplemental Questionnaire**

**Additional Information & Program Eligibility**

Name: NYID#:

**Please answer these questions to help us determine if you qualify for other Workforce System programs and services.** Thisinformation is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

1. **Are you or any member of your family receiving any of the following benefits?** Yes  No

Check all that apply:

Safety Net/Home Relief/TANF

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Food Stamps/SNAP

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

RCA (Refugee Cash Assistance)

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Other Assistance (HEAP, Medicaid, etc.)

Please List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SSI (Supplemental Security Income)

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SSDI (Social Security Disability Insurance)

Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. **Is your family considered low income?**

Yes  No  Prefer not to answer

* + 1. A family is defined as people living together in a single residence who are either: a married couple and dependent children, a parent/guardian and dependent children, and/or a married couple

**Total Family Members in the household: List all individuals and income below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship** | **Income Source: Wages, Social Security, Etc.** | **Hourly Wage** | **Hours Worked** | **Weekly** | **Monthly** |
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1. **Are you a person with a disability?**  Yes  No  Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

Physical/Chronic Health

Condition

Physical/Mobility Impairment

Mental or Psychiatric disability

Vision-related disability

Hearing-related disability

Learning disability

Cognitive/Intellectual disability

Will you need any assistance or accommodations to be able to take full advantage of our Center services

and supports?  No  Yes, assistance I am requesting is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you homeless?**  Yes  No If No, do you  Rent ***or***  Own your home?

Do you lack a permanent and suitable nighttime residence? Examples include:

* Sharing housing with other persons due to loss of housing, economic hardship or a similar reason
* Living in a motel, hotel, trailer park or campground due to a lack of other suitable options
* Living in an emergency or temporary shelter

1. **Do you lack basic skills?**  Yes       No

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

* Have you taken a basic skills test within the last 12 months?  Yes       No

1. **Are you an English Language Learner?**  Yes  No

Do you meet one of the following two conditions:

* Is your native language a language other than English?
* Do you live in a family or community where a language other than English is the main language?

1. **Are you a Migrant or Seasonal Farm Worker?**  Yes  No

If “Yes,” check one of the following:

**Seasonal Farm Worker:** someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

**Migrant Farm Worker:** a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.

**Migrant Food Processor:** (see Migrant Farm Worker)

1. **Are you a spouse of a US Armed Forces member on active duty and lost your job as a direct result of relocation due to a permanent change in your spouse’s duty station?**  Yes  No
2. **Are you a Displaced Homemaker?**  Yes  No

Have you been providing unpaid services to family members in the home and:

* Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
* Are unemployed or underemployed and are having trouble finding or keeping employment.

1. **Are you a single parent?**  Yes  No

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

1. **Are you an ex-offender?**  Yes  No

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

1. **Do you think you have a cultural barrier?**  Yes  No

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

**I certify that the information given on this document is true and accurate to the best of my knowledge.**

**Signature Date**