

WORKFORCE INVESTMENT ACT INITIAL QUESTIONNAIRE

Youth Programs, Ages 17 – 21

Please print clearly.

Name _____ Date _____

Street _____

City, State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Date of Birth _____ SSN _____

In order that we may identify eligibility for special services and funding, please answer the following:

Do you have a disability? Circle one: Yes No
If yes, circle one: Permanent Temporary

This information is helpful in supplying customer needs; however, you are not required to provide an answer.

Please print or write legibly and answer all questions that apply to you.

EDUCATION

Are you currently attending? (circle all that apply)

High School GED Classes Alternative School College Vocational School

Do you have a high school diploma? Y N GED? Y N

Are you a Special Education Student? Y N

What year did you graduate or anticipate graduating from high school? _____

FAMILY INCOME INFORMATION

Is your family receiving: (circle all that apply)

TANF Food Stamps Other: _____

Estimated gross income for the past six months? \$ _____ Number living in household _____

EMPLOYMENT

Are you currently registered with Illinois Skills Match? Yes No

Are you employed? Yes No

Last or current employment:

Where: _____ Hours/Wk: _____ Wage: _____

PERSONAL INFORMATION

What type of skills do you have? _____

What are your interests or hobbies? _____

PLEASE CHECK THE TYPE OF ASSISTANCE YOU ARE SEEKING:

- () WORK EXPERIENCE: Summer or in-school employment opportunities directly linked to academic and occupational learning.
- () TUTORING: Study skills training and instruction leading to secondary school completion, including dropout prevention strategies.
- () MENTORING: Peer mentoring which may include activities such as positive social behavior, decision making and team work.
- () WORK READINESS TRAINING: Attending workshops and/or classes to learn job skills.
- () DUAL CREDIT: Financial assistance with dual credit courses.
- () VOCATIONAL TRNG: Financial assistance with college courses. **Specify course of study on line below.**
- () OTHER or Course of Study: _____

Are you a former JTPA or Workforce Investment customer? **Y N**

PLEASE NOTE THAT ALL INFORMATION GIVEN IS CONFIDENTIAL UNLESS A "CONSENT TO RELEASE INFORMATION" FORM IS SIGNED.

**Return form to:
Knox Co. WIA
821 W. Main St.
Galesburg, IL 61401**

