

# Career Support and Training Services Inquirer Questionnaire/SSR



Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African	<input type="checkbox"/> Hawaiian Native

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Email address: \_\_\_\_\_

Who referred you to Career Support & Training Services? \_\_\_\_\_

Are you a Veteran?  Y  N

Are you the Spouse of a Veteran?  Y  N

If you are a Veteran, please check all that apply:

- Veteran who served less than 180 days  Eligible Veteran (served more than 180 days)
- Campaign Veteran  Veteran with a disability  Other Eligible Person
- Veteran with a special disability as defined by the Veteran's Administration
- Separated from the service in the past 48 months  Has attended a TAP Workshop in the last 3 years
- On active duty military duty status and within 24 months of retirement or 12 months of separation from the Armed Forces

What is the date of your active duty military separation? \_\_\_\_\_

If you are a Veteran, do you possess a copy of your/their DD214?  Y  N

Are you working with any of the following or other public or private agencies, associations or organizations for financial assistance?

- Senior Community Service Employment Program (SCSEP)  National Farmworker's Program
- Indian and Native American Programs  YouthBuild  Job Corps

Other (Please explain)? \_\_\_\_\_

Are you currently employed or do you have a written job offer from an employer that can be verified?

Y  N If yes, please explain: \_\_\_\_\_

**Have you been determined eligible for TAA (Trade Adjustment Assistance)?**  Y  N

(Staff: If yes, please refer immediately to CSTS)

Have you registered **and** posted your current resume on ALEXsys?  Y  N

Do you experience a disability or limitation to employment?  Y  N

During the last 12 months, did you receive at least 50% of your income from farm work, work at least 25 days doing farm work and was not employed year round by the same employer?  Y  N

Are you seeking assistance with  Training  Job Search or  Relocation (check all that apply)?

Please explain your goal(s): \_\_\_\_\_

### General Program Information

Can you prove your right to work in the U.S. (SSC, Birth Certificate, Passport, DD-214, etc.)?  Y  N

If male, are you registered for Selective Service?  Y  N  Exempt

(Men born on or before 12/31/1959 and all women are exempt. Other exemptions may apply. Selective Service requirement applies to WIOA programs only; it is not an eligibility requirement for STEP)?

### Workforce Innovation and Opportunity Act - Dislocated Worker Program

Have you been laid off from a past job due to lack of work or because your employer went out of business?

Y  N If yes, do you have a recall date? If so, please provide it \_\_\_ / \_\_\_ / \_\_\_

Have you been providing unpaid services to family members in the home **and** have you been dependent on the income of another family member **and** are you no longer supported by that income? (loss of income could be a result of the following: divorce, death or layoff of a spouse)  Y  N

### Workforce Innovation and Opportunity Act - Adult Program

What is your household family size? \_\_\_\_\_ (family size should include those related by blood, marriage or decree of court actually in the household)

What is your **household** 6 month **earned** income (include income for the last 6 months prior to this date only from all family members claimed in household size)? \$ \_\_\_\_\_

Based on your family size, is your **most recent 6 month household income** equal to or less than the income levels provided in the following chart?  Y  N

**2020 Adult Income Guidelines for Alaska**

Family Size (Including Applicant)	Alaska 6 Months
1	\$13,956
2	\$18,856
3	\$23,756
4	\$28,656
5	\$33,556
6	\$38,456
7	\$43,356
8	\$48,256
For families/households with more than 8 persons, refer to: <a href="#">WIOA Self-Sufficiency Guidance</a>	

Can you verify this income with W-2, pay stubs, tax records, public assistance records, etc.?  Y  N

### State Training Employment Program

Have you been a resident of the State of Alaska for at least 30 days?  Y  N

Have you worked at any job during the past 5 years where you received a paycheck **and** had money deducted for Unemployment Insurance (UI)?  Y  N Are you currently collecting UI?  Y  N  Exhausted

If employed, is training needed to advance or continue with your current employer?  Y  N

**Staff Use Only:**  Expedited Referral

I certify that this inquirer form has been reviewed and forwarded to CSTS as a referral.

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_