

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: _____

How did you hear about our training services? ☐ Social Media ☐ YouTube ☐ Radio Ad ☐ Google Search
☐ Google Ad ☐ Bus Ad ☐ Other _____

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

If you are working with any public or private agencies, associations or organizations for financial assistance please list them here. _____

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 AlaskaJobs? ☐ 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.? ☐ 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. WIOA only.)

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 to return to work? 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/separation, 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 income (include income for the last 6 months from all family members claimed in household size)? \$ _____

Based on your family size, is your **most recent 6 month gross household income** equal to or less than the income levels provided in the following chart? ☐ Y ☐ N **Income guidelines do not disqualify applicants from services, but are used only to determine priority of service.**

2026 Adult Income Guidelines for Alaska (100% of HHS – Low Income)

Family Size (Including Applicant)	Alaska 6 Months
1	\$9,975
2	\$13,525
3	\$17,075
4	\$20,625
5	\$24,175
6	\$27,725
7	\$31,275
8	\$34,825
For families/households with more than 8 persons, add \$3,550 for each additional person.	

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: _____