

**Career Support and Training Services**  
**Inquirer Questionnaire/SSR**



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

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

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

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

Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native
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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.

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Staff Name

Date

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