

Career Support and Training Services
Inquirer Questionnaire/SSR



Last: _____ First: _____ Middle: _____

Social Security Number: _____ - _____ - _____ DOB: ____/____/19____ Gender: Male Female

Phone: (____) _____ - _____

Cell: (____) _____ - _____

Mailing Address _____

City _____ ST _____ ZIP _____ Email 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

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

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities

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

2017 Adult Income Guidelines for Alaska

Family Size (Including Applicant)	Alaska 6 Months
1	\$13,178
2	\$17,754
3	\$22,330
4	\$26,906
5	\$31,483
6	\$36,059
7	\$40,635
8	\$45,211
For families/households with more than 8 persons, refer to: WIOA Self-Sufficiency Guidance	

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: _____
