 

 **Career Center Supplemental Questionnaire**

 **Additional Information & Program Eligibility**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NYID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer these questions to help us determine if you qualify for other Workforce System**

**programs and services.** This information is confidential and will only be used to determine further program

eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and

affirmative action requirements. We would like you to complete this form so we can help you better. However,

answers are voluntary.

 **1. Are you or any member of your family receiving any Public Assistance/Low Income?**

 YES NO

 Check all that apply

 TANF (Temporary Assistance for Needy

 Families)

 Issued Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 Food Stamps/SNAP

 Issued Date \_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_\_

 GA (General Assistance State/Local)

 Issued Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 RCA (Refugee Cash Assistance)

 Issued Date \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

 Safety Net/Home Relief

 Issued Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 SSI (Supplemental Security Income)

 Issued Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 SSDI (Social Security Disability Insurance)

 Issued Date \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_\_\_

 Exhausting TANF within two years

 Issued Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Low income individual with a total family income that does not exceed the higher of

 The poverty line **OR**  70% of the lower living standard income level

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Are you a person with a disability?** YES NO Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life

activities?

If YES, do you have a:

 Physical/Chronic Health Condition

 Physical/Mobility Impairment

 Mental or Psychiatric disability

 Vision-related disability

 Hearing-related disability

 Learning disability

 Cognitive/Intellectual disability

3. **Are you a Migrant or Seasonal Farm Worker?**  YES NO

If “Yes,” check one of the following:

 **Seasonal Farm Worker:** someone who is or was employed in the past 12 months in farm work of a

seasonal or temporary nature and who can return to their permanent place of residence in the same

day. This does not include non-migrant individuals who are full-time students.

 **Migrant Farm Worker:** a seasonal farm worker (see above) who travels to the job site and cannot

return to their permanent place of residence in the same day. This does not include full-time students

traveling in organized groups rather than with their families.

 **Migrant Food Processor:** (see Migrant Farm Worker)

The New York State Department of Labor is an Equal Opportunity Employer. If requested, program auxiliary aids and services are supplied to

 Individuals with disabilities

**4. Are you a spouse of a US Armed forces member on active duty and lost your job as a direct**

 **result of relocation due to a permanent change your spouse’s duty station?**  YES NO

**5.** **Are you a Displaced Homemaker?** YES NO

 Have you been providing unpaid services to family members in the home and:

 • Depended on the income of another family member but are no longer supported by that income; or are

 the dependent spouse of a member of the military on active duty and whose family income is

 significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the

 member, **AND**

• Are unemployed or underemployed and are having trouble finding or keeping employment.

**6. Are you a single parent?** YES NO

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

**7. Are you homeless?** YES NO

Do you lack a permanent and suitable nighttime residence? This includes:

• Sharing housing with other persons due to loss of housing, economic hardship or a similar reason,

• Living in a motel, hotel, trailer park or campground due to a lack of other suitable options,

• Living in an emergency or temporary shelter,

• Abandoned in a hospital,

• Awaiting foster care placement, or

• Having a main nighttime residence that is a public or private place such as a car, park, abandoned

 building, bus or train station, airport or campground.

**8. Are you an ex-offender?** YES NO

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status

offenses or other crimes?

**9. Are you an English Language Learner?** YES NO

Do you have limited ability in speaking, reading, writing or understanding English? Do you meet one of the

following two conditions?

• Is your native language a language other than English?

• Do you live in a family or community where a language other than English is the main language?

**10. Do you think you have a cultural barrier?** YES NO

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

**11. Do you lack basic skills?** YES NO

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the

job, in your family, or in society?

**I certify that the information given on this document is true and accurate to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

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