



Supplemental Questionnaire

Staff Entry A DW

To comply with federal reporting requirements for Workforce Investment Act funded programs, we are required to collect additional personal information from customers when they begin receiving a more-intense level of service. In addition, under the American Recovery and Reinvestment Act of 2009, individuals who are low-income or public assistance recipients must receive priority for service under certain of our programs. The provision of this additional information is voluntary. *Staff will be happy to assist you to complete this questionnaire.*

- 1. Is your native language a language other than English? Yes No
 If so, please indicate your native language: _____
 Do you have difficulty speaking, reading, writing or understanding English? Yes No
- 2. Are you a single parent? Yes No
(single, separated, divorced or widowed with primary responsibility for one or more dependent children under age 18)
- 3. Are you homeless? Yes No
(lack a fixed, regular, adequate night time residence or primary night time residence in a publicly or privately operated shelter)
- 4. Are you currently a foster child? Yes No
- 5. Are you an offender? Yes No
(been subject to any stage of the criminal justice process for committing a status offense, or have a record of arrest or conviction for committing delinquent acts)
- 6. Do you receive or are you a member of a family which receives public assistance? Yes No
If so, check all that apply:
 - TANF Refugee Cash Assistance Food Stamps (or been determined eligible to receive within past 6 months)
 - General Assistance Supplemental Security Income (SSI-SSA)
- 7. If you or your family is not receiving public assistance, do you believe you or your family might meet low income criteria? Yes
 No
If yes, What is your family income? _____ Not sure.
How many people are in your immediate family? _____ Not sure.
- 8. Are you a person with a disability whose own income meets the public assistance or low-income criteria specified in questions 6 or 7 above? Yes No

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

Name

Date