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| **NATIONAL ABLE NETWORK****ELIGIBILITY AND ASSESSMENT QUESTIONNAIRE** |
| **Today’s Date:** |  |
| **First Name:** | **Middle Name:** | **Last Name:** |
| **Referred By:** |  |
| **Social Security Number:** |  |
| **Address:** |
| **City:** | **State:** |
| **Zip Code:** | **County:** |
| **Primary Phone Number:** | **Alt. Phone Number:** |
| **Email Address:** |
| **Birthdate:** | **Age:** |
| **Gender:** (circle one) | Male | Female | Other Gender Identity |
| **Race/Ethnicity:** (circle one) | White/CaucasianAsian/Pacific IslanderHispanic/Latino | Black/African AmericanAmerican Indian/Native AmericanOther/Multi-Racial |
| **Hispanic:** | Yes | No |
| **Labor Force Status:** (circle one) | Unemployed | Underemployed | Laid off | Not in labor force |
| **Disability Status:** | Yes | No |
| **If Yes, Disability Type:** (circle one) | Physical ImpairmentMental ImpairmentBoth Mental and Physical Impairment | Developmental DisabilityLearning DisabilityPrefer not to answer |
| **If yes:** | Service-connected: \_\_\_\_\_\_\_\_\_\_% |
| **Housing Status:** (circle one) | Own | Rent | Temporary Housing | Homeless | Staying with friends or family |
| At risk of eviction/foreclosure? | Yes  | No |
| CHA Resident? | Yes  | No |
| **VETERAN STATUS** |
| **Have you served in the US military?** | Yes | No |  |
| **If Veteran, Military Branch:**(circle all that apply) | Army | Navy | Air Force | Marines |
| Coast Guard | Reserves  | National Guard |  |
| **Type of Discharge:**(circle one) | Honorable | Medical | Dishonorable |
| General Under Honorable Conditions Other Than Honorable |
| Other: (please specify) |  |
| **Discharge Date:** |  |
| **DD214 Form**  |  |
| **EDUCATION** |
| **Education Level:**(circle one) | Elementary 0 - 8 | 9-12/No High School Diploma or GED |
| High School Diploma/GED | 12 + Some Post-Secondary  |
| Associates/2 year College Graduate | Vocational School |
| Bachelors/4 year College Graduate | Graduate Level |
| Do you hold any certificates/licenses? (circle one) |  Yes No |
| If yes please List: |  |
| List any foreign languages you speak or write:  |  |
| Are you interested in furthering your education at this time? (within the next six (6) months) |  Yes No |
| TABE Scores | Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FAMILY** |
| **Marital Status:** | Married | Single | Divorced | Widowed | Civil Union/Domestic Partnership |
| **If married, is your spouse working?** | Yes No |
| **Family Type:**(circle one) | Single Person | Two-Parent Household |
| Single Parent | Two Adults/No Children |
| List all dependents that live in the same residence as the applicant below.   | **Total Family Size** (including applicant): \_\_\_\_\_\_\_\_\_\_ |
| **NAME OF FAMILY MEMBER** | **RELATIONSHIP** | **AGE** | **DEPENDENT** | **INCOME** |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |

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| **NAME OF FAMILY MEMBER****(continued)** | **RELATIONSHIP** | **AGE** | **DEPENDENT** | **INCOME** |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
|  |  |  | YES NO | YES NO |
| **INCOME** |
| **What was your total income from employment last month?** |  |
| **Do you receive public assistance?** |  Yes No |
| **If yes, type of public assistance you receive and monthly amount:**(circle all that apply) | Social Security Retirement $\_\_\_\_\_\_\_\_ (amount)  | Social Security Disability $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Supplemental Security Income $\_\_\_\_\_\_\_\_\_\_ (amount) | TANF $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Heating/Fuel Assistance | SNAP Benefits $\_\_\_\_\_\_\_\_\_\_ (amount) |
| General Assistance | Utility Assistance |
| Refugee Assistance | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ (amount) |
| **Other sources of income and monthly amount:** (circle all that apply) |
| Survivor Benefits $\_\_\_\_\_\_\_\_\_\_ (amount) | IRA Withdrawals $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Pension $\_\_\_\_\_\_\_\_\_\_ (amount) | Other Savings Withdrawals $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Unemployment Compensation $\_\_\_\_\_\_\_\_\_\_ (amount) | Alimony $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Interest Income $\_\_\_\_\_\_\_\_\_\_ (amount) | Child Support $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Dividends $\_\_\_\_\_\_\_\_\_\_ (amount) | Other $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Rental Income $\_\_\_\_\_\_\_\_\_\_ (amount) | Living stipend from GI Bill $ \_\_\_\_\_\_\_\_(amount) |
| Income from other household member $\_\_\_\_\_\_\_\_\_ (amount) | None |
| Financial Assistance from outside of household $\_\_\_\_\_\_\_\_\_\_ (amount) |
| Stipends from Programs funded by Senior Corp $\_\_\_\_\_\_\_\_\_\_ (amount) |

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| **LEGAL** |
| Do you have a criminal background?\*This will not disqualify you from services; it is a way to assess training program choice. |  Yes No |
| If yes, please explain |  |
| Are you eligible for an upgrade on your military discharge?  |  Yes No Unsure |
| If yes, do you need legal assistance for your upgrade? |  |
| **DISLOCATED WORKER STATUS** |
| If you are currently unemployed, what is your status? (check one) | * Have recently been laid off or terminated and unemployment case is currently pending
* Have been laid off or terminated for less than 6 months and are receiving unemployment insurance
* Have been laid off or terminated for more than 6 months and are receiving unemployment insurance
* Have exhausted unemployment insurance and no longer qualify for an extension
* Have been laid off but do not qualify for benefits due to type o employment
* Not applicable
 |
|  **WORK HISTORY** |
| Beginning with the most recent job, list your last three employers and briefly describe roles and responsibilities: |
| **Job #1:** |
| **Dates of Last Employment (mm/dd/yy):** | Start Date:  | End Date: |
| **Job Title:** |  |
| **Company Name and Address:** |  |
| **Supervisor Name and Phone Number:** |  |
| **Hours per Week:** | **Hourly/Salary Pay:** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Per:** (circle one)Hour Year |
| **Roles and Responsibilities:** |  |
| **Reason for leaving:** |  |

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| **Job #2:** |
| **Dates of Last Employment (mm/dd/yy):** | Start Date:  | End Date: |
| **Job Title:** |  |
| **Company Name and Address:** |  |
| **Supervisor Name and Phone Number:** |  |
| **Hours per Week:** | **Hourly/Salary Pay:** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Per:** (circle one)Hour Year |
| **Roles and Responsibilities:** |  |
| **Reason for leaving:** |  |

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| **Job #3:** |
| **Dates of Last Employment (mm/dd/yy):** | Start Date:  | End Date: |
| **Job Title:** |  |
| **Company Name and Address:** |  |
| **Supervisor Name and Phone Number:** |  |
| **Hours per Week:** | **Hourly/Salary Pay:** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Per:** (circle one)Hour Year |
| **Roles and Responsibilities:** |  |
| **Reason for leaving:** |  |

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| **JOB SEARCH** |
| **Are you interested in obtaining employment?** | Yes No |
| **What type of employment are you looking for?**(Circle all that apply) | Full Time | Part Time | Temporary | Seasonal |
| **What hours are you willing to work?**(Circle all that apply) | Days | Nights | Rotating Shifts | Split Shifts |
| **What salary/wage are you looking for?** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Per:** (circle one)Hour Year |
| **LIST UP TO THREE EMPLOYMENT INTERESTS, RANK THEM 1-3 WITH #1 YOUR TOP INTEREST** |
| Business Professional | IT | Security |
| Call Center | Labor | Skilled Trade |
| Clerical | Maintenance | Social Services |
| Education | Manufacturing | Transportation |
| Financial services | Medical | Warehouse |
| Hospitality | Retail | Other (specify) |
| Human Resources | Sales |  |
| **Are you qualified for the job you seek? (does your desired job require a certification that you already have?)** | Yes No |
| **What if anything has made it challenging for you to be successful at work/school in the past?**  |  |
| **What motivates you to do your best at work/school?**  |  |
| **What do you feel are your most serious barriers to employment?** |  |
| **What are your greatest strengths related to work/school?**  |  |
| **Do you have adequate food, shelter?**  |  |
| **Any issues related to accessing affordable childcare?**  |  |
| **Do you expect to move in the next 6 months or less?**  |  |
| **Help us understand where you are with your job search. Please tell us where you are with these important job search tools:** **Yes No Needs Work**1. Do you have a professional objective or job title/description that you are targeting? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Can you describe yourself and your job search in an elevator speech? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a list of companies you are targeting? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have a complete LinkedIn profile? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have a draft resume and cover letter? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you identified your network? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Are you comfortable describing your skills and experience in interviews? \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Our team can help you with all of the above. We just need to know where you are so that we can prioritize next steps. |
| **TECHNOLOGY** |
| Rank your computer use skills (circle one) |  None Limited Beginner Intermediate Advanced |
| Do you have access to the internet? |  Yes No | If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a LinkedIn account? | Yes No |  |
| **TRANSPORTATION** |
| How far are you willing to travel for employment? (please specify in miles) |  |
| Do you have access to reliable transportation? | Yes | No |
| Method (Circle all that apply): | Public Transportation | Vehicle |
| Are you willing to relocate? | Yes | No |
| Would transportation cost be an issue for you for interviews or workshops? | Yes | No |
| **HEALTH/WELLNESS** |
| Do you have health insurance? |  Yes No |
|  | State Insurance | Veterans Benefits |
| Type: (circle one) | Medicare | Medicaid |
|  | Private Insurance | Other: (please specify) |
|  | None |  |
| Do you need assistance with addressing any of your health concerns? |  Yes No |
| At this time, do you feel you could benefit from counseling services? |  Yes No |
| Do you need appropriate interview clothes? |  Yes No |
| Upon employment, will you need appropriate work attire? |  Yes No |

Verification and Review:

Notice of Certification: **I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud.** I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, by my signature, I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from National Able’s programs.

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| Client Signature | Date |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Career Coach | Date |

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|   |  | **Clients Rights and Responsibilities****Termination Policy****Release of Information** |
|    | National Able Network is committed to preserving and upholding your rights to privacy and confidentiality.  You will be treated with dignity, compassion, and respect as an individual.    |   |
|   | As a client of National Able Network you have the **right** to: |   |
|   | * Be treated in a professional, courteous, and caring manner that respects and appreciates differences related to race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability, and economic or veteran status.
* Expect confidentiality of information and protection of personal records;
* Make an informed choice between services;
* Consent to or refuse services before they are provided;
* Know the nature and purpose of services;
* Refuse services with the receipt of information and the consequences of refusal;
* Receive services based on your individual employment plan;
* Be part of the process of developing and updating your plan as needed;
* Be informed prior to discharge from services.
 |   |
|   | As a client of National Able Network you have the **responsibility** to:   |   |
|   | * Be respectful of others, including National Able Network staff, volunteers, and other clients.
* Be respectful of National Able Network property. (Resource room, Computer Lab(s), Client Break rooms)
* Attend services in a fit state (not under the influence of drugs or alcohol).
* Actively participate in prescribed services as indicated in your employment plan.
* Attend scheduled appointments and maintain regular contact with your Career Coach; if you cannot attend a scheduled appointment, you must contact your Career Coach to reschedule
* Keep your Career Coach apprised of job search progress, employment status and training interest.
* Upon obtainment of employment, provide your Career Coach with verification of employment.
* Maintain confidentiality regarding information about other clients or participants in groups or programs conducted by National Able Network

If you do not fulfill these responsibilities, National Able has the right to, after notifying you, terminate your enrollment. |   |
|   | National Able Network (“Able”) is required to keep records on clients enrolled in its program**. You agree that you will comply with all reasonable information requests by Able.** This may include requests concerning pay (in the form of pay stubs or copies of paychecks) or other employment related information.  Able also reserves the right to contact your past and present and future employers for purposes of employment verification and affiliated agencies to whom you may be referred to for additional services.  You understand that any information provided to Able shall be maintained confidentially and only be used in performance of prescribed services and grant obligations. |   |

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|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | Client’s Name   |   | Client’s Signature |   | Date |   |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|   | Career Coach Signature | Date |   |