

# NATIONAL ABLE NETWORK – IT CAREER LAB ELIGIBILITY AND ASSESSMENT QUESTIONNAIRE

<b>Today's Date:</b>					
<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Referred By:</b>					
<b>Last Four (SS#) – ONLY the last four digits please!</b>					
<b>Address:</b>					
<b>City:</b>				<b>State:</b>	
<b>Zip Code:</b>			<b>County:</b>		
<b>Primary Phone Number:</b>			<b>Alt. Phone Number:</b>		
<b>Email Address:</b>					
<b>Birthdate:</b>			<b>Age:</b>		
<b>Gender:</b> (select one)		Male		Female	Other Gender Identity
<b>Race/Ethnicity:</b> (circle one)		White/Caucasian		Black/African American	
		Asian/Pacific Islander		American Indian/Native American	
		Hispanic/Latino		Other/Multi-Racial	
<b>Hispanic:</b>		Yes		No	
<b>Labor Force Status:</b> (select one)		Unemployed	Underemployed	Laid off	Not in labor force
<b>Worker Status:</b>		U.S. Citizen		Right to Work (with specific documentation – e.g. Social Security Card, ID Card for Resident of US, Employment Authorization Document issued by Homeland Security)	
<b>Disability Status:</b>		Yes		No	
<b>If Yes, Disability Type:</b> (select one)		Physical Impairment		Developmental Disability	
		Mental Impairment		Learning Disability	
		Both Mental and Physical Impairment		Prefer not to answer	
<b>If yes:</b>		Service-connected: _____ %			

<b>Housing Status:</b> (select one)	Own	Rent	Temporary Housing	Homeless	Staying with friends or family
	At risk of eviction/foreclosure?		Yes	No	



### VETERAN STATUS

<b>Have you served in the US military?</b>	Yes	No		
<b>If Veteran, Military Branch:</b> (select all that apply)	Army	Navy	Air Force	Marines
	Coast Guard	Reserves	National Guard	
<b>Type of Discharge:</b> (select one)	Honorable	Medical	Dishonorable	
	General Under Honorable Conditions		Other Than Honorable	
	Other: (please specify)			
<b>Discharge Date:</b>				
<b>DD214 Form</b>				

### EDUCATION

<b>Education Level:</b> (select 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
<b>Do you hold any certificates/licenses?</b> (select one)		Yes                      No
<b>If yes please List:</b>		
<b>List any foreign languages you speak or write:</b>		
<b>Are you interested in furthering your education at this time?</b> (within the next six (6) months)	Yes	No
<b>TABE Scores</b>	Reading _____ Math _____	

### FAMILY

<b>Marital Status:</b>	Married	Single	Divorced	Widowed	Civil Union/Domestic Partnership
------------------------	---------	--------	----------	---------	----------------------------------

<b>If married, is your spouse working?</b>	Yes	No		
<b>Family Type:</b> (select 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.		<b>Total Family Size</b> (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
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

LEGAL	
<b>Do you have a criminal background?</b> <small>*This will not disqualify you from services; it is a way to assess training program choice.</small>	Yes No
If yes, please explain	
<b>Are you eligible for an upgrade on your military discharge?</b>	Yes No Unsure
If yes, do you need legal assistance for your upgrade?	
DISLOCATED WORKER STATUS	
<b>If you are currently unemployed, what is your status?</b> (check one)	<input type="checkbox"/> Have recently been laid off or terminated and unemployment case is currently pending <input type="checkbox"/> Have been laid off or terminated for less than 6 months and are receiving unemployment insurance <input type="checkbox"/> Have been laid off or terminated for more than 6 months and are receiving unemployment insurance

	<input type="checkbox"/> Have exhausted unemployment insurance and no longer qualify for an extension  <input type="checkbox"/> Have been laid off but do not qualify for benefits due to type of employment  <input type="checkbox"/> Not applicable
--	---

## WORK HISTORY

**NOTE:** If you provided a resume to IT Career Lab staff, you only need to provide information on your most recent job (not all three)

Job #1		
<b>Dates of Last Employment (mm/dd/yy):</b>	Start Date:	End Date:
<b>Job Title:</b>		
<b>Company Name and Address:</b>		
<b>Supervisor Name and Phone Number:</b>		
<b>Hours per Week:</b>	<b>Hourly/Salary Pay:</b> \$ _____	<b>Per:</b> (select one) Hour                      Year
<b>Roles and Responsibilities:</b>		
<b>Reason for leaving:</b>		

Job #2:		
<b>Dates of Last Employment (mm/dd/yy):</b>	Start Date:	End Date:
<b>Job Title:</b>		
<b>Company Name and Address:</b>		
<b>Supervisor Name and Phone Number:</b>		
<b>Hours per Week:</b>	<b>Hourly/Salary Pay:</b> \$ _____	<b>Per:</b> (select one) Hour                      Year

<b>Roles and Responsibilities:</b>	
<b>Reason for leaving:</b>	

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

JOB SEARCH				
<b>Are you interested in obtaining employment?</b>	Yes	No		
<b>What type of employment are you looking for?</b> <small>(Select all that apply)</small>	Full Time	Part Time	Temporary	Seasonal
<b>What hours are you willing to work?</b> <small>(Select all that apply)</small>	Days	Nights	Rotating Shifts	Split Shifts
<b>What salary/wage are you looking for?</b>	\$ _____		<b>Per:</b> (select 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	
<b>Are you qualified for the job you seek? (does your desired job require a certification that you already have?)</b>	Yes	No
<b>What if anything has made it challenging for you to be successful at work/school in the past?</b>		
<b>What motivates you to do your best at work/school?</b>		
<b>What do you feel are your most serious barriers to employment?</b>		
<b>What are your greatest strengths related to work/school?</b>		
<b>Do you have adequate food, shelter?</b>		
<b>Any issues related to accessing affordable childcare?</b>		
<b>Do you expect to move in the next 6 months or less?</b>		
<b>Help us understand where you are with your job search. Please tell us where you are with these important job search tools:</b>		
	<b>Yes</b>	<b>No</b>
		<b>Needs Work</b>
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 (Select 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: (select 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.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Coach

\_\_\_\_\_  
Date

For the purposes of leveraging State of Minnesota funds for IT Career Lab, National Able Network, Inc. is required to confirm a person is either:

1. U.S. Citizen OR
2. Has documents that prove a “Right to Work”.

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If not a U.S. Citizen, I will present one of the following documents to IT Career Lab’s Program Manager.

- A Social Security Account Card (original), unless the card includes one of the following restrictions:
  - o Not valid for employment
  - o Valid for work only within authorization
  - o Valid for work only with DHS authorization
- Certification of Birth Abroad issued by the Department of State (Form FS-545)
- Certification of Report of Birth issue by eh Department of State (Form DS-1350)
- Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the U.S. bearing an official signature
- Native American tribal document
- U.S. Citizen ID Card (Form I-197)
- Identification Card for Use of Resident Citizen in the United States (I-179)
- Employment authorization document issued by the Department of Homeland Security

*The information attested to above is accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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.

Client’s Name	Client’s Signature	Date
Career Coach Signature		Date

### Applicant Statement of Income

Answering these initial questions about family income are REQUIRED to determine eligibility for our National Able IT Career Lab grants. Please note: this information is ONLY used for eligibility determination and is shared ONLY with the State of Minnesota via their secure database system, WorkforceOne.

**Are you receiving (or has it been verified) that you're eligible to receive benefits through the following programs?**

TANF/MFIP/DWP	<input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free or Reduced Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
SSI/SSDI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you have answered "yes" to any of the above, you do not need to provide additional information regarding income and family size.*

<b>Confirmation of Interest in SNAP Employment &amp; Training:</b> I am receiving SNAP benefits, and would like to enroll in the SNAP Employment & Training program through National Able/IT Career Lab.	<input type="checkbox"/> Yes
--	------------------------------

**If you are not receiving or have not been determined to be eligible for the above programs, please provide the following information.**

**Family Size/Number of Persons in Household in Applicants Tax Unit:** \_\_\_\_\_

**Total Gross Household Income for the Past Six Months:** \$ \_\_\_\_\_ x 2 = \$ \_\_\_\_\_

**Based on the above annualized income, the applicant's total gross household income is less than or equal to 200% of Federal Poverty Guidelines (see chart below):**      Yes      No

Persons in Household/Family	200% Poverty Guideline
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280

I certify the information provided is true to the best of my knowledge. I am also aware that the information provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury. I also allow release of this information for verification purposes in accordance with the "Use of Data" Statement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grantee Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_