

Contact Information	
First Name	Social Security Number ____-____-_____
Middle Initial	Gender __Male __Female __Not Reported
Last Name	Date of Birth (MM/DD/YYYY) ____/____/_____
Address 1 (street address)	Phone 1 ( __home __work __cell __other) (____) _____-_____
Address 2 (apartment or condo number)	Phone 2 ( __home __work __cell __other) (____) _____-_____
Address 3 (building or complex name)	Can we contact you via text message? __Yes __No
City	What is the best way to reach you? __Phone __Text __Email __Social media (Facebook or Twitter)
State	
Zip Code ____-____	
Facebook account name or email address associated with account	
Twitter handle or ID	
Email	

<p><b>For Staff Use Only</b>                  Informed Consent __Yes __No                  Eligible __Yes __No</p>
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**Alternative Contact 1 (please list at least three people who can help locate you)**

First Name		Last Name		Relationship to you (parent, sibling, extended family, partner, friend, other)
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code		Phone 1 ( ___home ___work ___cell ___other)	
	_____ - _____		( _____ ) _____ - _____	
Email				

**Alternative Contact 2**

First Name		Last Name		Relationship to you (parent, sibling, extended family, partner, friend, other)
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code		Phone 1 ( ___home ___work ___cell ___other)	
	_____ - _____		( _____ ) _____ - _____	
Email				

**Alternative Contact 3**

First Name		Last Name	Relationship to you (parent, sibling, extended family, partner, friend, other)	
Address 1 (street address)			Address 2 (apartment or condo number)	
Address 3 (building or complex name)			City	
State	Zip Code		Phone 1 ( ___home ___work ___cell ___other)	
	_____ - _____		( _____ ) _____ - _____	
Email				

Applicant Name \_\_\_\_\_

Personal Characteristics

<p>Are you a United States Citizen? (check one)</p> <p><input type="checkbox"/> Yes, born in the United States</p> <p><input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas</p> <p><input type="checkbox"/> Yes, born abroad of U.S. Citizen Parents or Parent</p> <p><input type="checkbox"/> Yes, U.S. Citizen by Naturalization</p> <p><input type="checkbox"/> Not a Citizen of the United States [Staff: if checked, ensure that the participant is eligible]</p>	<p>Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Race - Check all that apply:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No American Indian or Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No White</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Black or African American <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Relationship status:</p> <p><input type="checkbox"/> Currently Married</p> <p><input type="checkbox"/> Living with unmarried partner</p> <p><input type="checkbox"/> Divorced or separated</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Not reported</p>	<p>Head of household:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Reported</p>
<p>Are you or your spouse/partner pregnant and/or expectant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported</p> <p>What is the number of people living in your household at least half of the last year? _____</p> <p>What is the number of children under age 18 who live in your household at least half of the last year? _____</p> <p>For how many of these children are you or your spouse/partner the legal guardian? _____</p> <p>For each child in above question for which you or your spouse/partner is the legal guardian:</p> <p>Child 1 Name: Date of Birth (MM/DD/YY):</p> <p>Child 2 Name: Date of Birth (MM/DD/YY):</p> <p>Child 3 Name: Date of Birth (MM/DD/YY):</p> <p>Child 4 Name: Date of Birth (MM/DD/YY):</p> <p>Child 5 Name: Date of Birth (MM/DD/YY):</p> <p>Child 6 Name: Date of Birth (MM/DD/YY):</p>	

Applicant Name \_\_\_\_\_

Below is a list of special characteristics/statuses. Please answer yes if it applies to you or no if it does not.

- |                                                          |                             |                                                          |                                 |
|----------------------------------------------------------|-----------------------------|----------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Refugee                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Formerly incarcerated           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | WIA/WIOA eligible               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Individual with disability  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a child with special needs |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Current foster care youth   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trouble with stable housing     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Homeless individual         | <input type="checkbox"/> None of the above               |                                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Limited English proficiency | <input type="checkbox"/> Not reported                    |                                 |

**For Tribal HPOG Only**

Program is part of a tribal organization:  Yes  No  Not Reported

Tribal Member:  Yes  No  Not Reported

Tribal Affiliation: \_\_\_\_\_

Live on reservation:  Yes  No  Not Reported

Spouse of tribal member:  Yes  No  Not Reported

Current employee of a tribal organization:  
 Yes  No  Not Reported

Applicant Name \_\_\_\_\_

Income and Benefits

<p>Which of the following categories best describes your individual total earnings from work, including tips and overtime pay, during the past 12 months?</p> <p> <input type="checkbox"/> \$0  <input type="checkbox"/> \$1 to \$4,999  <input type="checkbox"/> \$5,000 to \$9,999  <input type="checkbox"/> \$10,000 to \$14,999  <input type="checkbox"/> \$15,000 to \$19,999  <input type="checkbox"/> \$20,000 to \$24,999  <input type="checkbox"/> \$25,000 to \$29,999  <input type="checkbox"/> \$30,000 to \$34,999  <input type="checkbox"/> \$35,000 or over         </p>	<p>Is anyone in your household, including yourself, receiving public benefits at intake? (please answer yes or no for each)</p> <p>           TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Free/Reduced Price School Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Supplemental Security Income: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Social Security or Social Security Disability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Subsidized Child Care / Voucher: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Section 8 / Public Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Low-Income Heating Emergency Assistance Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Refugee Cash Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Bureau of Indian Affairs General Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Alaska Permanent Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported         </p>
<p>Which of the following categories best describes your TOTAL household income? Please include your earnings and other income and earnings of all household members (including public benefits or subsidies) for the past 12 months.</p> <p> <input type="checkbox"/> \$0  <input type="checkbox"/> \$1 to \$9,999  <input type="checkbox"/> \$10,000 to \$14,999  <input type="checkbox"/> \$15,000 to \$19,999  <input type="checkbox"/> \$20,000 to \$24,999  <input type="checkbox"/> \$25,000 to \$29,999  <input type="checkbox"/> \$30,000 to \$34,999  <input type="checkbox"/> \$35,000 to \$39,999  <input type="checkbox"/> \$40,000 to \$44,999  <input type="checkbox"/> \$45,000 to \$49,999  <input type="checkbox"/> \$50,000 to \$59,999  <input type="checkbox"/> \$60,000 to \$69,999  <input type="checkbox"/> \$70,000 or over         </p>	<p>Is anyone in your household, including yourself, receiving these other sources of financial support? (please answer yes or no for each)</p> <p>           Alimony: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Workers compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Support from family and friends not living in your household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Grants or loans for school: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported         </p>
<p>Are you receiving public benefits at intake? (please answer yes or no for each)</p> <p>           TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported            Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported         </p>	<p>Unemployment Insurance compensation recipient: Are you a ...? (check one)</p> <p>           UI claimant: _____            UI exhaustee: _____            Not a UI claimant or exhaustee: _____            Not reported: _____         </p>

Applicant Name \_\_\_\_\_

**Education**

Please indicate the highest level of education you have completed:

- |                                                                                       |                                             |
|---------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Grades 1 to 12 (no HS diploma)                               | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school diploma                                          | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> GED/HISET/TASC or alternative credential                     | <input type="checkbox"/> Graduate degree    |
| <input type="checkbox"/> Some college credit but less than one year of college credit | <input type="checkbox"/> Not reported       |
| <input type="checkbox"/> One or more years of college credit, but no degree           |                                             |

Have you ever received a professional, state, or industry certification or license?

Yes  No  Not Reported

If yes to above, what is the name of the professional, state, or industry certification or license?

Have you received an occupational certificate or diploma, excluding any state, professional, or industry certification or license?

Yes  No  Not Reported

If yes to above, what is the name of the occupational certificate or diploma?

Are you currently in school or training?

Yes  No  Not Reported

If yes to above, are you currently in a healthcare occupational training course?

Yes  No  Not Reported

If no or skipped above, have you ever taken classes to prepare for work in a particular occupation?

Yes  No  Not Reported

If yes to above, have you ever taken classes to prepare for work in a healthcare occupation?

Yes  No  Not Reported

Literacy assessed at 8th grade level or higher? **[For Staff Use Only]**

Yes  No  No Assessment  Not Reported

Numeracy Assessed at 8th Grade Level or Higher? **[For Staff Use Only]**

Yes  No  No Assessment  Not Reported

Have you ever participated in the following classes/educational programs? (Please answer yes or no for each)

- |                                                                                                                            |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| a. Classes to improve basic reading/writing/math skills or prepare for a high school equivalency or college placement test | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |
| b. English as Second Language                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |
| c. Classes for college credit                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |
| d. Occupational training not for college credit                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |
| e. Classes in how to succeed at work class/workshop                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |
| f. Classes in how to succeed at school                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported |

Applicant Name \_\_\_\_\_

Employment

Have you ever worked for pay?

- Yes
- No (Skip to the Expectations Section)
- Not Reported (Skip to Expectations Section)

If you have worked, are you currently employed?  Yes  No  Not Reported

Have you ever worked in a healthcare occupation?  Yes  No  Not reported  
If yes, specify the most recent healthcare occupation you worked in (choose Occupational Code from list provided):  
\_\_\_\_\_

If you are currently employed, do you work in a healthcare occupation?  Yes  No  Not Reported  
If yes, identify the healthcare occupation (choose Occupational Code from list provided): \_\_\_\_\_

If you are currently employed:  
Usual number hours worked per week: \_\_\_\_\_  
Current hourly wage: \$\_\_\_\_\_ per hour  
Receive health insurance from employer?  Yes  No  Not Reported

For Staff Use Only

Staff Name: \_\_\_\_\_  
Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name \_\_\_\_\_