SkillSource | Program Intake Application

SkillSource is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Today's Date *	CMS #	Staff Conducting Intake:

1. PERSONAL INFORMATION

First Name * **Middle Name** **Last Name ***

Email Address **My Age Today** **Date of Birth ***

Social Security Number: **I wish to proceed without supplying my SSN *** ☐ Yes ☐ No

Are you experiencing homelessness? ☐ Yes ☐ No **Is your physical address also your mailing address?** ☐ Yes ☐ No

Physical Address:
City:
State: **Zip Code:**

Mailing Address:
City:
State: **Zip Code:**

Have you filed, plan to file, or are you currently receiving Unemployment Insurance (UI) benefits? * ☐ Yes ☐ No

Primary Phone Number *
Phone Type * ☐ Home ☐ Mobile ☐ Work ☐ Other
OK to receive voicemail? ☐ Yes ☐ No
OK to receive texts? ☐ Yes ☐ No

Secondary Phone Number
Phone Type ☐ Home ☐ Mobile ☐ Work ☐ Other
OK to receive voicemail? ☐ Yes ☐ No
OK to receive texts? ☐ Yes ☐ No

Sex Assigned at Birth *
☐ Male ☐ Female
☐ Prefer Not to Answer

Gender Identity
☐ Male ☐ Female ☐ Non-Binary
☐ Prefer Not to Answer

Gender Pronouns
☐ He/Him ☐ She/Her ☐ They/Them
☐ Other / Prefer not to answer

Preferred Language *
☐ English ☐ Spanish
Other: _____

English Language Learner? * ☐ Yes ☐ No
Interpretation Assistance Needed? *
☐ Yes ☐ No

Do you have a disability? *
☐ Yes ☐ No ☐ Prefer not to answer

Hispanic or Latino? *
☐ Yes ☐ No
☐ Prefer not to answer

Race (select all that apply)*
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Middle Eastern/North African
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Prefer not to answer

Employment in Farmwork?* ☐ Yes, in last 12 months ☐ Yes, 12 consecutive months in last 2 years ☐ No

2. MILITARY

Military Connection * ☐ Current Active Military ☐ Veteran ☐ National Guard ☐ Reserves ☐ Military Spouse
☐ Spouse of Veteran ☐ Caregiver for active-duty service member ☐ Caregiver for veteran ☐ Honored Family Member
☐ **None** ☐ **Prefer not to answer (If "None" or "Prefer not to answer", skip to Section 3)**

If Current Active Military, Veteran, National Guard, or Reserves –
Most Recent Military Branch/Component: ☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Space Force ☐ Coast Guard
Were you discharged and then rejoined the military? ☐ Yes ☐ No
Served in support of conflict/campaign? ☐ Yes ☐ No ☐ I don't know ☐ Prefer not to answer
Active service over 180 consecutive days? ☐ Yes ☐ No ☐ I don't know
If a veteran, was any or all of your TAP off base transition training? ☐ Yes ☐ No ☐ I don't know
Received Armed Forces Service Medal on or after 6/1/1992? ☐ Yes ☐ No ☐ I don't know

If Military Spouse or Caregiver:
Is your military spouse active duty and missing, captured, or detained for more than 90 days? ☐ Yes ☐ No
Are you a spouse/caregiver of an active-duty military member who is wounded/ill/injured and receiving treatment in a military facility? ☐ Yes ☐ No

If Military Spouse – has your family's income reduced due to any of the following reasons?
☐ Lost income due to spouse's deployment ☐ Lost income due to spouse's call to active duty
☐ Lost income due to spouse's permanent change of station ☐ Lost income due to spouse's service connected death or disability

*** Required field**

3. EMPLOYMENT

Current Employment Status *
☐ Employed ☐ Self-Employed ☐ Family Business – Unpaid Worker ☐ Unemployed (seeking work)
☐ On Temporary Leave of Absence ☐ Unemployed (not actively seeking work) ☐ Never Been Employed

Are you having difficulty obtaining or upgrading employment? * ☐ Yes ☐ No
Have you been providing unpaid services to family members in the home? * ☐ Yes ☐ No
In the past 12 months, have you been unemployed 27 weeks or more in total? * ☐ Yes ☐ No
Date Separated from Most Recent Employment:

4. EDUCATION

Highest School Grade Completed *
☐ None ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Highest Level of Education Achieved *
☐ No Diploma ☐ High School Diploma ☐ GED / High School Equivalency ☐ Some College (no degree)
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

Currently Attending School? * ☐ Yes ☐ No
If yes, name of school/program:

Type of school/program:
☐ High School ☐ Community College ☐ Alternative H.S.
☐ Open Doors ☐ Home School ☐ Other

Basic Skills Deficient? * ☐ Yes ☐ No
(Requires verification by staff)

Disability documented on an IEP or 504 Plan? *
☐ IEP ☐ 504 Plan
☐ Both ☐ N/A

5. INCOME & BENEFITS

In the last 6 months, have you or members of your family household received, or are currently receiving cash assistance or supportive services from State/Local General Assistance (GA) or Refugee Cash Assistance (RCA)? * ☐ Yes ☐ No

In the last 6 months, have you received, or are you receiving cash/supportive assistance from the Temporary Assistance to Needy Families (TANF) program? * ☐ Yes ☐ No

In the last 6 months, have other members of your family household received, or are currently receiving cash/supportive assistance from TANF? * ☐ Yes ☐ No

Have you exhausted your lifetime eligibility for TANF benefits? * ☐ Yes ☐ No

Are you within two years of exhausting your lifetime eligibility for TANF benefits? * ☐ Yes ☐ No

Within the last 6 months, have you received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)? *
☐ SSI ☐ SSDI ☐ Both ☐ No If SSI or SSDI: **Ticket to Work program?** ☐ Yes ☐ No

In the last 6 months, have other members of your family household received, or are currently receiving Supplemental Security Income (SSI)? * ☐ Yes ☐ No

Are you currently receiving food support from the Supplemental Nutrition Assistance Program (SNAP)? * ☐ Yes ☐ No

6. ADDITIONAL DETAILS

Foster Care Status * ☐ Current Foster Care Youth ☐ Aged Out of Foster Care ☐ No

Runaway from Home or Legal Residence (Youth Only): * ☐ Yes ☐ No ☐ N/A

Have you been subject to any stage of the criminal justice process for committing a status offense or delinquent act? *
☐ Yes ☐ No ☐ Prefer not to answer

Are you a single parent, or single and currently expecting without a partner or co-parent? *
☐ Yes ☐ No ☐ Prefer not to answer

Are you a dependent (child or spouse) of a farmworker? * ☐ Yes ☐ No

Do you feel you possess attitudes, beliefs, customs or practices that influence a way of thinking, acting, or working that may be a barrier to employment? (Optional) ☐ Yes ☐ No

* Required field

INFORMATIONAL: WORK HISTORY

List **your last three jobs**, going back at least six months. List your most recent employer first.

Employer 1 Name		**Job Title**	
Start Date	**End Date**	**Hours per Week**	**Ending Hourly Wage**
Reason for Leaving			
Employer 2 Name		**Job Title**	
Start Date	**End Date**	**Hours per Week**	**Ending Hourly Wage**
Reason for Leaving			
Employer 3 Name		**Job Title**	
Start Date	**End Date**	**Hours per Week**	**Ending Hourly Wage**
Reason for Leaving			

INFORMATIONAL: EDUCATION & CERTIFICATES

	Name of institution/school/course	Program/Degree	Date Completed/Earned
Credential 1			
Credential 2			
Credential 3			
Credential 4			

INFORMATIONAL: HOUSEHOLD MEMBERS - List all persons currently living in your household.

Relationship	First Name	Last Name	Age	Dependent?

INFORMATIONAL: BACKUP CONTACTS

1. Name	**Relationship**	**Phone #**
2. Name	**Relationship**	**Phone #**

*** Required field**

7. CERTIFICATION & SIGNATURES

SkillSource Data Sharing Notice

The information you provide is private and confidential and will be shared among SkillSource partners to facilitate the delivery of services to you. By contract, SkillSource partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310). You may ask us to not share your information and we will honor that request; your eligibility for services will not be affected.

☐ I authorize sharing my data with SkillSource partners.

☐ I do NOT authorize sharing my data with SkillSource partners.

SMS (Text Messaging) Authorization

☐ I am OPTING IN to receive mobile text messages (SMS) from SkillSource. Message & data rates may apply. Reply STOP to opt out.

☐ I do NOT wish to be contacted by SMS text messages.

CERTIFICATION OF INFORMATION PROVIDED

I certify the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information on this application is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law. I understand services are subject to availability of federal funds. I have been advised of equal opportunity, appeal rights, complaint procedures, and the use of my personal information.

Applicant Signature	**Date**
_____	_____

*** Required field**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize SkillSource to release appropriate personal information to partner agencies only as necessary to document program eligibility, training progress and/or completion, or to support Title I activities. I understand that SkillSource will keep my personal information confidential and will not release it to unauthorized outside entities.

_____

Name (Please Print)

_____

Signature

_____

Date

_____

Social Security Number

WIOA Summary of Program Complaint Procedures

RIGHTS

You have the right to file a complaint if you feel you have a complaint relating to your employment and/or training and will not be penalized for filing a complaint. Your complaint must contain sufficient information for us to determine who is authorized to handle the complaint.

FILING A COMPLAINT

To file a complaint, contact a local staff person and tell her/him that you want to file a complaint. Local staff will provide you with the necessary information and assistance to put your complaint in writing. Within 25 days of filing the complaint, a solution will be offered to resolve the matter. If you feel that your complaint is not resolved during this initial resolution effort, a hearing will be scheduled.

INFORMATION REGARDING HEARINGS

A hearing will be provided within sixty (60) days of the receipt of a complaint, unless the complaint is resolved prior to the hearing date. The following information will be provided to you prior to the hearing date:

- The date of the notice, name of the complainant, and the name of the party against whom the grievance or complaint is filed;
- The date, time, and place of the hearing;
- A statement of the alleged violations; and
- The name, address, and telephone number of the contact person issuing the notice.

DECISION AND APPEAL PROCESS

A hearing decision will be provided within 60 days of filing your complaint, unless the complaint is resolved without a hearing. If you are not satisfied with the final decision, or if a decision has not been reached within the 60 day timeframe, you may send a written and signed notice of appeal via e-mail to WCDDPolicy@esd.wa.gov or by mail at:
Workforce Career Development Division

Employment Security Department
PO Box 9046
Olympia, WA 98507-9046

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Applicant Signature _____ Date _____

EQUAL OPPORTUNITY NOTICE

Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at *www.dol.gov/crc*.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Local Equal Opportunity Officer
Susan Coe
SkillSource
240 N Mission
Wenatchee, WA 98801
susanc@skillsource.org
509.663.3091/ WA Relay 711

OR

The Director, Civil Rights Center (CRC)
US Department of Labor
200 Constitution Ave NW, Room N-4123
Washington, DC 20210

Or electronically as directed
on the CRC Web site at www.dol.gov/crc

I certify that I have been provided a copy of this statement:

_____ _____

Applicant Signature Date

SkillSource Self-Attestation Form (Adult & DW)

Applicant Information:

Last Name:	**First Name:**		**Middle Initial:**
Address:	**City:**	**State:**	**Zip:**

Individuals entering WIOA services may self-attest to the information below:

1. Are you low-income?

☐ **Yes, one or more of the following applies to me** (check all that apply)

	Family Size	Income for the **last 6 months**
☐	1	$8,267 or less
☐	2	$13,542 or less
☐	3	$18,592 or less
☐	4	$22,949 or less
☐	5	$27,083 or less
☐	6	$31,672 or less
☐	7	$36,261 or less
☐	8	$40,850 or less
☐	Receiving Food Stamps, TANF or SSI (or have received in the last 6 months)	
☐	Homeless	

☐ **No, none of these applies to me**

2.	Are you legally entitled to employment within the U.S. and territories? (Adult and DW)	Yes ☐	No ☐
3.	Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2)	Yes ☐	No ☐
4.	Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5)	Yes ☐	No ☐
5.	Were you unable to continue employment due to your spouse's permanent change of military station, or did you lose employment as a result of your spouse's discharge from the military? (DW Category 6)	Yes ☐	No ☐
6.	Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3)	Yes ☐	No ☐
7.	Are you a displaced homemaker? (DW Category 4) *Note: A displaced homemaker is an individual who was dependent on the income of another family member and is no longer supported by the income of another family member.*	Yes ☐	No ☐

Self-Attestation Statement: *to be completed by applicant if needed/as needed*

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

SIGNATURE OF PARTICIPANT **DATE**

X

Staff Verification Statement:

I certify that the individual whose signature appears above provided the information recorded on this form.

SIGNATURE OF STAFF **DATE**

X