For Office Use Only:

Intake Date: _____ Staff Int.: _____

2nd Appt. Completed: _____

PRE-SCREENING APPLICATION

First Name _____ **Last Name** _____ SSN _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Mailing address (if different than above) _____

Home Phone _____ Cell Phone _____ Message Phone _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Your Email Address _____ I use MySpace ☐ Facebook ☐

How did you learn about Work Source Youth Center? _____

FILL OUT THE FOLLOWING INFORMATION COMPLETELY:

Male ☐ Female ☐ U.S. Citizen ☐ Non-Citizen ☐ Registered for Selective Service (**Males age 18 or over**) Yes ☐ No ☐ NA ☐

If I am a male, at the time I turn 18, **I authorize the Work Source Youth Center to register me for selective service.** I further understand that if I am already registered, the automatic registration process will not register me again.

Race/Ethnic Origin: White ☐ Black ☐ Hispanic ☐ American/AK Indian ☐ Asian/Pacific Islander Other ☐

Last School Attended _____ Grade completed _____ Year _____ # of credits _____

Did you receive special services in school? Yes ☐ No ☐ Are you on the Becca/Truancy Bill? Yes ☐ No ☐

What date did you stop attending school? _____ (Choose one) suspended ☐ expelled ☐ quit ☐

Comments _____

Do you receive:

Food Stamps - Yes ☐ No ☐ Medical Coupon Only- Yes ☐ No ☐ SSI – Yes ☐ No ☐

GAU – Yes ☐ No ☐ Unemployment – Yes ☐ No ☐ L&I – Yes ☐ No ☐ TANF – Yes ☐ No ☐

TANF Case Worker:

Name _____ Phone _____ E-mail _____

Have you ever been arrested? Yes ☐ No ☐ If yes, explain

Probation Counselor _____ Phone _____

Comments _____

Do you have court dates pending? Yes ☐ No ☐ If yes, when

Type of transportation: Bus ☐ Car ☐ Other _____

Do you have children? Yes ☐ No ☐ Do you have custody? Yes ☐ No ☐ Do you have childcare? Yes ☐ No ☐

Do you currently owe back child support? Yes ☐ No ☐

Comments _____

Have you ever attended college/training? Yes ☐ No ☐ If yes, when/where?

What are your short term employment plans? _____

What are your long term education and/or employment plans? _____

Comments _____

PLEASE CONTINUE TO ANSWER THE QUESTIONS ON THE SECOND PAGE

WorkSource Youth Center

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2nd Appt. Completed: _____

PRE-SCREENING APPLICATION

First Name _____ **Last Name** _____

Do you have a documented disability? Yes ☐ No ☐ If yes, specify

Are you currently under a doctor's/therapist's care? Yes ☐ No ☐ If yes, specify _____

Have you been in Alcohol/Drug Treatment? Yes ☐ No ☐ Where/When _____

Do you feel you may need assistance with substance abuse/treatment? Yes ☐ No ☐

Have you been or are you taking any medication? *(optional)* _____

Do you have any allergies? Yes ☐ No ☐ If yes, please list

_____

Additional Comments

Have you worked in the last 6 months: Yes ☐ No ☐ If no, why not?

What is your total monthly income? _____

Are you currently working? Yes ☐ No ☐ # hours per week ____ wage per hour

Employer _____ Title _____ Hours _____

Address _____ Phone _____

List **all** the places you were employed in the last 6 months.

Employer	Location	Title	Date Start	Date End

PLEASE CONTINUE TO ANSWER THE QUESTIONS ON THE THIRD PAGE

Please List All Members/Dependents Living In The Household, Starting With Yourself
<u>Related To You By Blood Or By Marriage Only</u>

Name	Relationship	Age	TANF or Food Stamps	SSI	Child Support	Employer / Duration of employment	Other Income
	Self						

Can you commit to the length of time it takes for you to successfully achieve employment or post-secondary education?

Yes ☐ No ☐

I attest the above is true and accurate to the best of my knowledge.

Printed Name _____ _____ Signature: _____