

Career Center Supplemental Questionnaire Additional Information & Program Eligibility

Name: _____

NYID#: _____

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

1. Are you or any member of your family receiving any Public Assistance/Low Income?

Yes No

Check all that apply:

TANF (Temporary Assistance for Needy Families)

Issued Date ____/____/____

Food Stamps/SNAP

Issued Date ____/____/____

GA (General Assistance State/Local)

Issued Date ____/____/____

RCA (Refugee Cash Assistance)

Issued Date ____/____/____

Safety Net/Home Relief

Issued Date ____/____/____

SSI (Supplemental Security Income)

Issued Date ____/____/____

SSDI (Social Security Disability Insurance)

Issued Date ____/____/____

Exhausting TANF within two years

Issued Date ____/____/____

Low income individual with a total family income that does not exceed the higher of:

The poverty line **OR** 70% of the lower living standard income level

Other _____

2. Are you a person with a disability? Yes No Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

Physical/Chronic Health Condition

Physical/Mobility Impairment

Mental or Psychiatric disability

Vision-related disability

Hearing-related disability

Learning disability

Cognitive/Intellectual disability

Will you need any assistance or accommodations to be able to take full advantage of our Center's services and supports? No Yes, assistance I am requesting is _____

3. Are you a Migrant or Seasonal Farm Worker? Yes No

If "Yes," check one of the following:

Seasonal Farm Worker: someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

- Migrant Farm Worker:** a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.
- Migrant Food Processor:** (see Migrant Farm Worker)

4. **Are you a spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change your spouse's duty station?** Yes No

5. **Are you a Displaced Homemaker?** Yes No

Have you been providing unpaid services to family members in the home and:

- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
- Are unemployed or underemployed and are having trouble finding or keeping employment.

6. **Are you a single parent?** Yes No

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

7. **Are you homeless?** Yes No

Do you lack a permanent and suitable nighttime residence? This includes:

- Sharing housing with other persons due to loss of housing, economic hardship or a similar reason,
- Living in a motel, hotel, trailer park or campground due to a lack of other suitable options,
- Living in an emergency or temporary shelter,
- Abandoned in a hospital,
- Awaiting foster care placement, or
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport or campground.

8. **Are you an ex-offender?** Yes No

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

9. **Are you an English Language Learner?** Yes No

Do you have limited ability in speaking, reading, writing or understanding English? Do you meet one of the following two conditions?

- Is your native language a language other than English?
- Do you live in a family or community where a language other than English is the main language?

10. **Do you think you have a cultural barrier?** Yes No

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

11. **Do you lack basic skills?** Yes No

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature

Date

Niagara's WorkSourceOne and The New York State Department of Labor are Equal Opportunity Employers. If requested, program auxiliary aids and services are supplied to individuals with disabilities