



## 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

**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**