

<b>Name:</b> _____		<b>Last 4 of social:</b> _____		<b>Age:</b> _____	
Are you attending school?	Yes	No	English Language Learner:	Yes	No
Compulsory School attendance (14-17yrs):			High poverty zip code:		
Recent date of attendance _____	Yes	No		Yes	No
High school dropout:	Yes	No	Basic Skills Deficient (BSD):	Yes	No
High school graduate or equivalent:	Yes	No	Youth with a disability:	Yes	No
<b>Employment Information</b>					
<b>Work History</b> (Most recent job held)					
Job Title :			Hourly Wage: \$		
Company:			Start Date: _____ End Date: _____		
Job Duties:					
Are you currently working? Yes No		Are you receiving Unemployment Compensation? Yes No			
<b>Family Information (family includes parents/guardians and dependents)</b>					
Family Size(including yourself) _____					
Family Income (past 6 months) _____					
List all family members information below:					
<b>Family Member</b>	<b>Relationship</b>	<b>Age</b>	<b>Income</b>	<b>Source of Income</b>	
	Self				
Meets Governor's Special barriers to Employment: Yes No		In the Juvenile or Adult justice system: Yes No			
Migrant Seasonal Farm Worker: Yes No		Individual Facing Substantial Cultural Barriers: Yes No			
Youth needs additional assistance, (if yes, check box that applies below):					
Never worked/limited work history	Referred to or being treated by an agency for substance abuse	Victim of abuse and documented by school staff or qualified professional			
Emancipated youth	Fired from a job within the past 12 months	Emotional/Medical or Psychological problem documented by a qualified professional			
GPA less than 1.5	Repeated at least one secondary grade level				
Gang Affiliated	Incarcerated Parent	Other _____			
Pregnant or parenting: Yes No	Are you a runaway? Yes No	Current/aged out of Foster Care: Yes No		Eligible under Section 477 of the Social Security Act: Yes No	
Out of home placement: Yes No	Are you homeless? Yes No				
<b>Public Assistance Information</b>					
Are you receiving: Refugee Cash Assistance: Yes No		General Assistance: Yes No			
California CalWORKs (TANF): Yes No		Supplemental Nutrition Assistance Program (SNAP): Yes No			
By checking the "I Agree" box or signing below, I acknowledge that I have received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Information. Client Certification: By checking the "I Agree" box, or my signature below, indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act (WIOA) Program and may result in action to recover any moneys paid to me while participating.					
Signature of Client: I Agree _____				Date: _____	
Parent/Guardian Signature (if under 18yrs): I Agree _____				Date: _____	
<b>Office use only:</b>					
Signature of Interviewer: _____			Agency: _____		Date: _____