

# Youth Addendum

Youth's Name: \_\_\_\_\_

Last 4 of Social #: \_\_\_\_\_

	Yes	No		Yes	No
<i>Are you attending school?</i>			<i>Are you an English Language Learner?</i>		
<i>Compulsory School attendance (14-17yrs)? (If yes, recent date of attendance below)</i> _____			<i>Have you previously or currently been in the juvenile or adult justice system?</i>		
<i>Are you a High School graduate/equivalent?</i>			<i>Are you a Migrant Season Farm Worker?</i>		
<i>Are you a High School Drop out?</i>			<i>Are you pregnant or parenting?</i>		
<i>Basic Skills Deficient (BSD)?</i>			<i>Are you homeless and/or a runaway?</i>		
<i>Youth with a disability?</i>			<i>Are you in out-of-home placement?</i>		
<i>Are you a current or aged out of foster care youth?</i>			<i>Do you live in a high poverty area/zip code?</i> _____		
<i>If a foster youth, are you eligible under section 477 of the social security act?</i>			<i>Are you facing individual substantial cultural barriers?</i>		

### Work History (Most recent job held)

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (If currently employed, leave end date blank)  
 Are you receiving unemployment compensation? Yes No

### Family Information (includes parents/guardians and dependents)

Family Size (including yourself): \_\_\_\_\_

List family information below:

	Relationship to Youth	Income	Source of income
1.	Self		
2.			
3.			
4.			
5.			
6.			

Total Family Income (past 6 months): \_\_\_\_\_

### Are you receiving?

	Yes	No
Refugee Assistance		
CalFresh/SNAP		
General Assistance		
TANF		

### Youth needs additional assistance (if yes, check box that applies below):

Never worked/limited work history

Emancipated youth

Meets Governors special barriers to  
employment

GPA less than 1.5

Gang affiliated

Incarcerated parent

Fired from a job within the past  
12monthsRepeated at least one secondary  
grade levelReferred to or being treated by an  
agency for substance abuseVictim of abuse and documented by  
school staff or qualified professionalEmotional/Medical or Psychological  
problem documented by a qualified  
professional

Other:

*By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Program and may result in action to recover any money paid while participation.*

Youth Signature: \_\_\_\_\_

Parent/Guardian (if under 18yrs) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_