



**WORKFORCE INNOVATION AND OPPORTUNITY ACT
YOUNG ADULT CAREER PROGRAM
SELF ASSESSMENT
2018-2019**

NAME _____

ADDRESS _____

PHONE: () _____

CITY _____

AGE: _____

ZIP CODE _____

DATE OF BIRTH: _____

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

<p>I am currently attending school <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, school you are attending?</p> <p>I attend a continuation school <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Highest grade completed:</p> <p>Do you receive free or reduce lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have a high school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I had/have an IEP in high school <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I am an emancipated youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I am a refugee/immigrant with a substantial cultural barrier <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have been referred to a substance abuse program: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I am being treated for a substance abuse problem <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have been fired from a job within the last 12 months (does not apply to youth 17 years of age) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have never held a full-time job for more than 13 consecutive weeks (does not apply to youth 17 years of age) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I am currently on probation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the name of your probation officer:</p> <p>Name: _____</p> <p>Phone: _____</p> <hr/> <p>I have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Homeless/Runaway <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pregnant/Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Foster/Emancipated Youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Involved with Gangs <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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ARE YOU OR SOMEONE IN YOUR FAMILY RECEIVING ONE (OR MORE) OF THE FOLLOWING:

Cash Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of your social worker? Phone #:
Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of the social worker? Phone #:
SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much do you receive each month?

HOW ARE YOU SUPPORTED?:

Self <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes,</p> <p>Employer: _____ Phone: () _____</p> <p>Supervisor: _____ Job title: _____</p> <p>Dates of employment: _____ to _____</p> <p>Job duties:</p>
Parents <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much have they earned in the last six months? Do they claim you on their taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Friend <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much have they earned in the last six months?
Other Relative <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much have they earned in the last six months?

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. If you need special assistance to participate in this program, call (562) 383-4227 or the TDD at 711. Please call 48 hours in advance to allow the Youth Center to make reasonable arrangements to ensure accessibility to this program.