CAP Services' Skills Enhancement Program
Screening/Application Form

*Individuals must be working at least 20 hrs/week and have a household income at or below 150% of the federal poverty guidelines.

Personal Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address (Apt # if applicable) *County*

_____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Income Information

Title: _____ Hrs per week: _____

Employer: _____ Is health insurance available to you through your employer? _____

Monthly Cost of Insurance: _____ Wages: **$** _____

How many people live in your household? _____ How many dependents do you support? _____

Does Spouse Have Earned Income? _____ Spouse's Income: _____

The following should be considered income: Wages/salary before deductions, Net receipts from self employment, Social Security, Workers Compensation, Alimony, Military Allotments, SSI/SSDI, Unemployment Compensation, Work Study

Income that would not be counted includes: Child Support (income paid out in child support can be deducted), Higher Education Grants/ Scholarships, Tax refunds, Gifts, Non-cash benefits such as food share, housing assistance, etc., Job Corp Payments

County Services

Please Check Any County Services You Receive: ☐ Food Share ☐ Medical Assistance

☐ Badger Care ☐ WIC ☐ Child Care Assistance ☐ Other: _____

Points of Interest

What part of the Skills Enhancement Program is of interest to you?: ☐ Assistance with transportation to/from school

☐ Assistance with childcare while taking classes ☐ Educational costs for tuition, books, and fees

What is your education/training/career goal? _____

Are you currently enrolled in an education/training program? _____ **If so, where?** _____

How long will it take you to achieve this goal? _____ **Have you applied for financial aid?** _____

Are you aware of job opportunities in area? _____ **Are you willing to relocate for a job?** _____

Without the support of this program, would you be able to achieve your job advancement goals? _____

If yes, how? _____

If no, what other resources have you explored to assist you with this goal? _____

How did you hear about the Skills Enhancement Program at CAP Services, Inc?