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All information will be kept confidential. CAP Services’ Skills Enhancement Program has been developed to provide educational and skills training to low income individuals as a means to reach self-sufficiency. This application does not guarantee enrollment into the Program. Should you pursue financial assistance from CAP, additional documentation will be requested

# CAP Services, Inc.

# Skills Enhancement Program Screening Form

|  |
| --- |
| Personal Information |
| Full Name: |       |       |       | Date |       |
|  Last | First | M.I. |
| County you live in: |       | Gender: M [ ]  F [ ]  Other [ ]   |
|  |  |
| Email Address |       | Phone: | (     )       |  |
|   |  |  |  |
|  |
| Household Income |
| We collect income information to verify eligibility – our program serves households that fall below 200% of the Federal Poverty GuidelinesThe following should be considered income: Wages/salary before deductions, Net receipts from self-employment, Social Security, Workers following |
| Compensation, Alimony, Military Allotments, SSI/SSDI, Unemployment Compensation, Work Study, Tribal payments |
| 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. |
| Employer: |       | Job Title: |       |  |
| Hours worked per week: |       | Wage per hour: | $      |
| How many people live in your household: |       | How many dependents do you support:  |       |
| Do you have a significant other with earned income: | Y [ ]  N [ ]  | Significant other’s income (annual): | $      |
| Does the household have any other income? Type of income       \_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_      |
| Public Assistance |
| Is your family currently receiving any public assistance: |  Y [ ]  N [ ]   |
| Examples: BadgerCare, Medicare, FoodShare, WIC, Child Care Assistance, Housing Assistance, Energy Assistance |  |
|  |
| Education |
| What type of degree or training program do you want to pursue? |       |
| Are you currently enrolled in an education/training program? | Y [ ]  | N [ ]  | If so, where? |       |
| How long will it take you to achieve this goal? |       |  |  |  |
| What other resources have you explored to assist you with this goal?  |       |
|  |  |
| Other Information |
| How did you hear about the Skills Enhancement Program with CAP Services, Inc.?­­­­­­­­­­­­­­     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Is there anything unique about your situation that you would like to share?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

***\*Please expect a call or email from a Skills Development Manager within one week of submitting form\****