****

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\****