



Name: _____ Current Age: _____ SSN: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____ Alternate Phone: _____

SECTION 1: IN/OUT OF SCHOOL DETERMINATION

Are you currently attending or enrolled in school? [] YES [] NO
If YES, are you attending [] GED [] High School [] College/Vocational [] Other _____
If NO, did you drop out of High School? [] YES [] NO

SECTION 2: INCOME VERIFICATION / TANF

Do you, or someone in your family, receive Public Assistance or OWF/TANF (Cash) Assistance? [] YES [] NO [] UNSURE
Are you currently employed? [] YES [] NO If YES, Where _____ Hours per week _____ Wage _____
Do you receive reduced cost or free Lunch from your school? [] YES [] NO [] UNSURE
Is there a child under the age of 18 (including you) in your household? [] YES [] NO

SECTION 3: POTENTIAL BARRIER(S)

Are you disabled? [] YES [] NO
Do you have an Individual Education Program (IEP)? [] YES [] NO [] UNSURE
Are you a runaway? [] YES [] NO
Do you have a language barrier? [] YES [] NO
Are you an offender? [] YES [] NO
Have you been involved in the Juvenile or Adult Court System? [] YES [] NO
Are you pregnant? [] YES [] NO If YES, Due Date _____
Are you parenting [] YES [] NO
Are you a single parent? [] YES [] NO
Are you a Foster Child? [] YES [] NO If YES, Have you aged out of Foster Care? [] YES [] NO
Are you currently Homeless, or have you recently lost your primary residence? [] YES [] NO

SECTION 4: ADDITIONAL BARRIERS (Sixth Barrier Policy)

Do you have below average grades [] YES [] NO
Do you have limited (or no) work history/experience [] YES [] NO
Have you been fired from a job in the last year [] YES [] NO
Are your parent(s) currently incarcerated [] YES [] NO
Do you have chronic behavior problems in school [] YES [] NO
Have you been the victim or witness of domestic violence or other abuse [] YES [] NO
Do you have limited English proficiency [] YES [] NO
Do you lack transportation? [] YES [] NO If Yes, Please Explain: _____
Do you feel that there are other serious barrier(s) that have not been captured by this form? [] YES [] NO
If Yes, please explain: _____

If Section 1 is YES (No if GED) and customer is 16-21 years old Section 2 and 3 must have a Yes checked to be potentially eligible
If Section 1 is NO and Customer is 16-24 years old Section 3 must have a Yes checked to be potentially eligible (HS Dropout from Section 1 may count as a barrier Section 3)