WorkforceNOW! Eligibility Questionnaire





Contact Information:			
Name:			
Phone #: ()E			
Have you completed the WIOA Orienta	ntion (either in-person or or	nline)? 🗌 Yes 🗌 No	
Background Information:			
Are you a United States Citizen or have t	he right to work in the US?	☐ Yes ☐ No	
Are you an Okaloosa or Walton County F	Resident?	City of Residence:	
Are you a Veteran? Yes No	Are you a Military Spouse	(active duty)?	
If you are a male born on or after January	y 1, 1960, have you registere	d for selective service?	□N/A
Are you receiving or have you received F	ood Stamps or Cash Assista	nce in the last six months?] No
Are you receiving Reemployment Assista	nce (Unemployment Compe	nsation)? 🗌 Yes 🔲 No 🔲 Exhaust	ed
How did you learn about the WIOA Pro	ogram?		
Friend/Family Member Social Media	Community Parti	ner School/Instructor	Other
If person or organization, please provide	their name:		
Employment:			
Are you currently employed? Yes	☐ No If yes: ☐ Full-t	ime 🗌 Part-time	
If currently employed, what is your wage	per hour? \$		
How many members are in your family?	What is you	r annual family income? \$	
Previous/Current Education:			
Check your education level: Less than	n HSD / GED ☐ GED	☐ HSD ☐ Vocational Ce	rtificate
☐ Associate	es 🔲 Bachelor	s Masters	
Please list any certificates:	Area of Study:		
<u>Training:</u>			
Are you currently in school?	☐ No		
Name of school:	Name of tra	ining program:	
Have you applied for a Pell grant?	Yes No Expected	graduation date?	
ease check all that apply:			
\square Are you homeless, runaway or a f	oster child?		
Are you prognent or perenting?			
☐ Are you pregnant or parenting?			
☐ Are you involved with the Departn	nent of Juvenile Justice or the	e Adult Justice System?	
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☐ Are you involved with the Departn		e Adult Justice System?	
☐ Are you involved with the Departn☐ Did you drop out of High School?	,	e Adult Justice System?	

For low-income applicants that may require additional assistance, Please check all that apply:

☐ Did you stop attending high school or post credential?	st-secondary educational program without attaining a recognized
☐ Are you either Basic Skills Deficient or ar	n English Language Learner?
☐ Have you repeated at least one seconda	
, ,	the previous school year or are you currently failing academically and
at risk of dropping out?	
☐ Have you had 21 or more documented, u	nexcused absences, or four or more disciplinary referrals in a school
year?	
	I Writing Assessment or below 300 on either the FCAT Reading or
☐ Have you attended five or more schools	during your academic history?
☐ Have you been fired from a job within 6 n	nonths prior to application, have never held a full-time job for more
than 13 consecutive weeks, or have bee	n unemployed 6 of the last 24 months?
☐ Do you live in public housing, a federally	designated high poverty area, or in a non-traditional household
(e.g., single parent, unofficial guardian, g	randparents)?
☐ Are you in foster care or aging out of fost	er care, a Take Stock-in-Children recipient, or an emancipated minor?
☐ Do you have emotional, medical, physica	l, cognitive, or psychological impairment which
creates a significant impediment to emplo	pyment?
☐ Are you a child of incarcerated parents?	
☐ Are you Department of Juvenile Justice in	nvolved and still living with your parents?
☐ Do you reside in a household defined as	low-income or economically disadvantaged?
☐ Are you two or more years older than pee	er group?
☐ Are you experiencing personal or family s	substance abuse and/or mental health issues?
☐ Are you a victim of domestic violence, se	xual abuse, or child abuse?
☐ Have you been alienated due to sexual p	reference, sexual orientation, gender identity, or transgender?
☐ Are you a member of a migrant family or	first-generation immigrant family?
☐ Do you have a family history of teen preg	nancy (parent or sibling was a teen parent)?
☐ Are you experiencing Adverse Childhood	Event (ACE's) defined as experiencing violence, abuse or neglect;
witnessing violence in the home or comm	unity; having a family member attempt or die by suicide; instability
due to parental separation/divorce; death	of a parent/sibling during childhood?
☐ Do you belong to a family with members	(parents or siblings) who have not graduated high school?
☐ Do you have a parent who demonstrates	a poor work history and/or is either unemployed or underemployed?
☐ Do you have a parent who is absent due	to military deployment or is a transitioning service member?
*By signing this document, I consent to be EmployFlorida.	eing registered and enrolled in the Workforce State System -
Participant's Signature:	Date:
	etion of required tasks