

WORKFORCE INNOVATION & OPPORTUNITY ACT



Initial Questionnaire (Dislocated Worker form)



Name _____ Date _____

Address _____ SS# (last four digits only) _____

City _____ Phone _____

Email Address: _____ Message Ph. # _____

What type of assistance are you requesting? _____



YES

(CHECK THE CORRECT ANSWER OR ANSWERS)

Have you received a written notice of lay off? Yes No

If you have not received a written notice, have you received a verbal notice from your employer? Yes No

Company you were or will be terminated or laid off from: _____

Company Address: _____

Date of lay off or termination or expected lay off date? _____

Ending wage _____ Hourly Weekly (Check hourly or weekly wage)

If unemployed, are you receiving UI Benefits? Yes No Benefit End Date? _____

Number living in household _____ Is any one else in the household employed? Yes No

Have you started a job search? Yes No N/A

Are you willing to relocate? Yes No Maybe

What skills do you have? _____

What are your interests / hobbies? _____



(CHECK THE CORRECT ANSWER OR ANSWERS)

Veteran

ARE YOU A VETERAN? YES NO

IF YES, LIST BRANCH AND DATES OF SERVICE _____

TYPE OF DISCHARGE: (check one) Honorable Service-Connected Disability

Less than Honorable Dishonorable

ARE YOU THE SPOUSE OF ANY OF THE FOLLOWING INDIVIDUALS? YES NO

(Check all that apply)

Any veteran who died of a service-connected disability;

Any member of the Armed Forces serving on active duty who, at the time of application for assistance under this section, is listed, pursuant to Section 556 of Title 37 and regulations issued there under by the Secretary, concerned in one or more of the following categories and has been so listed for a total of more than 90 days:

- Missing in action,
- Captured in line of duty by hostile force or
- Forcibly detained or interned in line of duty by a foreign government or power.

Any veteran who has a total disability resulting from a service-connected disability or

Any veteran who died while a disability so evaluated was in existence.

Disability

THE FOLLOWING INFORMATION IS HELPFUL IN SUPPLYING CUSTOMER NEEDS; HOWEVER, YOU ARE **NOT** REQUIRED TO PROVIDE AN ANSWER.

DO YOU HAVE A DISABILITY? YES NO

IF YES, IS THE NATURE OF YOUR DISABILITY: PERMANENT? TEMPORARY?

DO YOU REQUIRE ANY ACCOMMODATIONS TO ACCESS WIOA SERVICES? YES NO

IF YES, WHAT ACCOMMODATIONS DO YOU REQUIRE?

Please explain: _____

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.

TTY – (800) 526-0844



(CHECK THE CORRECT ANSWER OR ANSWERS)

Are you currently attending School? Yes No

(If yes, check all that apply)

GED Classes

Community College Classes

Certificate Program

University

Vocational or Technical School

Do you have a high school diploma or GED? Yes No If "Yes" Which? _____

Do you have a Degree, License or Certification? Yes No

If yes, please list them _____

(If you would like to go to school to retrain complete the following section)

Course of study? _____

Have you contacted the school of your choice and talked with a counselor? Yes No

Have you been accepted into an educational program? Yes No

If yes, what program? _____

Where? School name _____
and address _____

If yes, what are the pre-requisites? _____

Have you registered for classes? Yes No

If "Yes", How many credit hours? _____

Are you in default of a student loan? Yes No

Are you on academic probation? Yes No

Have you applied for financial aid? Yes No (WIOA Requirement)

Have you applied for Scholarships? Yes No

Have you received a Financial Aid award or denial letter ? Yes No

Are you a former WIA or WIOA customer? Yes No

Signature

Return this form upon completion to:

Quincy Workforce Office, 107 N. 3rd, Quincy, IL 62301 cf

Ya Uj`hc. eguidry@trrcopo.org or Fax to 217-224-9145