

Customer Name	Today's Date
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Employment Readiness Checklist (Wagner-Peyser, RESEA and Veterans)

Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Wish to Disclose	If yes, type of Disability (check all that apply) <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Impairment <input type="checkbox"/> Vision-related <input type="checkbox"/> Hearing-related <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellect <input type="checkbox"/> Do Not Wish to Disclose
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As of today, have you been unemployed for 27 or more consecutive weeks?
 Yes No

Are you a single parent?
 Yes No Do Not Wish to Disclose

Are you homeless?
 Yes No

Are you a displaced homemaker?
 Yes No

Are you currently receiving or have you received any of the following in the past 6 months?

FoodShare: No Currently Receiving Received Within Past 6 Months

TANF No Currently Receiving Received Within Past 6 Months

Other Public Assistance No Currently Receiving Received Within Past 6 Months

Did your income in the past 6 months fall below the following levels based on household size?
 Yes No

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">100% Federal Poverty Levels</th> </tr> <tr> <th style="text-align: center;">Persons in family/household</th> <th style="text-align: center;">6-month income</th> </tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$5,940</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$8,010</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$10,080</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$12,150</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$14,220</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$16,290</td></tr> </table> <p>For families/households with more than 6 persons, add \$2,080 for each additional person.</p>	100% Federal Poverty Levels		Persons in family/household	6-month income	1	\$5,940	2	\$8,010	3	\$10,080	4	\$12,150	5	\$14,220	6	\$16,290	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">70% of LLSIL (6-month income)</th> </tr> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">A-Metro</th> <th style="text-align: center;">B-Non-Metro</th> </tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$4,664</td><td style="text-align: center;">\$4,503</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$7,646</td><td style="text-align: center;">\$7,376</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$10,494</td><td style="text-align: center;">\$10,126</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$12,955</td><td style="text-align: center;">\$12,499</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$15,287</td><td style="text-align: center;">\$14,753</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$17,882</td><td style="text-align: center;">\$17,252</td></tr> </table> <p>For each person beyond 6, add \$2,595 (metro) or \$2,500 (non-metro)</p>	70% of LLSIL (6-month income)			Family Size	A-Metro	B-Non-Metro	1	\$4,664	\$4,503	2	\$7,646	\$7,376	3	\$10,494	\$10,126	4	\$12,955	\$12,499	5	\$15,287	\$14,753	6	\$17,882	\$17,252
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Do you receive any of the following?

<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI
<input type="checkbox"/> Both SSI and SSDI	<input type="checkbox"/> SSI and Ticket Holder
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<input type="checkbox"/> No	

Do you have trouble reading or speaking English?
 Yes No

Do you have trouble with reading or basic math?
 Yes No

Do you have cultural barriers?
 Yes No

Do you have other significant barriers to employment?
 Yes No

Are you an ex-offender?
 Yes No Do Not Wish to Disclose