



Client Information form

Please indicate your preferred language: English ___ Spanish ___ Vietnamese ___ Other _____

The information provided below must be updated with Workforce Staff immediately if changes occur. In addition to contact by mail, if yes is checked for any of the forms of contact below, you agree this is an acceptable preferred method for us to make contact with you. Not responding may have consequences to your case. The information you provide will not be shared with a signed release.

Name: _____ Last 4 digits of SSN: _____

Physical Address: _____
Street City State Zip

Mailing Address, if different: _____
Street City State Zip

May we contact you in person at your physical address? Yes ___ No ___

Home Phone Number: _____ Cell Phone Number: _____

May we contact your by phone? Yes ___ No ___

May we leave a voice message? Yes ___ No ___

Cell Phone Provider: _____

May we contact you by text? Yes ___ No ___

Email Address: _____

May we contact you by email? Yes ___ No ___

Two Back-up Contacts

A message asking you to contact Workforce and the phone number is all that will be discussed with your contact. No other information will be discussed.

Contact Name: _____ Contact Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Signature Print Name Date

PLEASE DO NOT E-MAIL THIS FORM. IT IS TO BE MAILED OR HAND-DELIVERED TO: Workforce Solutions Golden Crescent, Child Care Services, 120 S. Main, Suite 110, Victoria, TX 77901 **OR FAXED TO:** 361-580-0762

WSGC is an EO Employer/Program—Auxiliary aids and services are available upon request to individuals with disabilities – Relay Texas (TDD & Voice) - 711

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WORKFORCE SOLUTIONS PRESCREENING APPLICATION

Thank you for choosing services with Workforce Solutions your application information will be used to determine eligibility for various programs and will be kept confidential. Please notify a staff member for additional assistance or clarifications.

Date: _____ What assistance can we help you with today? _____

| | | | | | | | | |
|--|--|--|--|---|-------------|---|-----------------------|--|
| Name: | | | | *SSN | | | | |
| Home #: | | Address: | | | City/State: | | | |
| Cell #: | | | | | | | | |
| Zip: | | Email: | | DOB: | | Age: | | |
| Sex | | Ethnicity: Optional | | White | | Black | | |
| M <input type="checkbox"/> F <input type="checkbox"/> | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | | | | Hispanic <input type="checkbox"/> | | Am Indian/Alaskan Native <input type="checkbox"/> | | |
| | | | | | | Asian / Pacific Islander <input type="checkbox"/> | | |
| | | | | | | Other: <input type="checkbox"/> | | |
| Citizenship (check one): | | | | U.S. Citizen <input type="checkbox"/> | | Refugee / Parolee <input type="checkbox"/> | | |
| | | | | | | Legal Immigrant <input type="checkbox"/> | | |
| | | | | | | Other Eligible Non-Citizen <input type="checkbox"/> | | |
| Are you a Veteran? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Dates of Military Service: | | Military Branch | | |
| Are you currently or previously a Foster Youth? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Convicted of Felony? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Convicted of a misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Driver's License? If yes, circle A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Type of Endorsements: | | Are you pregnant or parenting? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Are you currently working? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Current or Previous Employer : | | Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Type of Work your seeking | | | | | | Employer Name | | |
| | | | | If you have been laid off or terminated due to economy, Date of Layoff: | | | | |
| Do you have a High School Diploma | | Do you have a GED/HSE | | Are you currently attending school? | | | If Yes Name of School | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| What's your primary means of transportation? | | | | Public Transportation <input type="checkbox"/> | | Own Vehicle <input type="checkbox"/> | | |
| | | | | | | Motorcycle <input type="checkbox"/> | | |
| | | | | | | Rides <input type="checkbox"/> | | |
| | | | | | | Walk or Bicycle <input type="checkbox"/> | | |
| | | | | | | Have None <input type="checkbox"/> | | |
| | | | | | | Other: <input type="checkbox"/> | | |

List any vocational training or certifications received. Check N/A if none: N/A

| | | |
|------------------------------------|---------------------|----------------|
| Training or Certification Received | Length of Course(s) | Date Completed |
|------------------------------------|---------------------|----------------|

Please check each of the following services you or your family members currently receive:

| | | | | | | | |
|---------------------------------------|-------------------------------|------------------------------|-----------------------------------|------------------------------|---|--|-------------------------------|
| TANF/Choices <input type="checkbox"/> | SNAP <input type="checkbox"/> | SSI <input type="checkbox"/> | Medicaid <input type="checkbox"/> | CCS <input type="checkbox"/> | Unemployment Insurance <input type="checkbox"/> | Worker's Compensation <input type="checkbox"/> | WIOA <input type="checkbox"/> |
|---------------------------------------|-------------------------------|------------------------------|-----------------------------------|------------------------------|---|--|-------------------------------|

*SSN information is optional/ voluntary when applying for Child Care Services.

| Name | Race | DOB | Relationship | *Social Security | Income |
|--|------|-----|------------------------|------------------|--------|
| 1 | | | Applicant/ Self | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| WS Staff-List # or Name of WIOA Family Inclusion: | | | | TOTAL | |

WORKFORCE SOLUTIONS PRESCREENING APPLICATION

Check below how you heard about us:

| | | | | | | | | | | | |
|--|------------------------------------|--------------------------------------|------------------------------------|---|---------------------------------------|---|--|-----------------------------------|--------------------------------|--------------------------------------|------------------------------------|
| Phone Book <input type="checkbox"/> | Poster <input type="checkbox"/> | Brochure <input type="checkbox"/> | Friend <input type="checkbox"/> | Word of Mouth <input type="checkbox"/> | Newspaper <input type="checkbox"/> | Direct Mail <input type="checkbox"/> | Other Agency <input type="checkbox"/> | Radio <input type="checkbox"/> | TV <input type="checkbox"/> | Internet <input type="checkbox"/> | Other: <input type="checkbox"/> |
|--|------------------------------------|--------------------------------------|------------------------------------|---|---------------------------------------|---|--|-----------------------------------|--------------------------------|--------------------------------------|------------------------------------|

Please check the services you are seeking through the Workforce Center:

| | |
|--|--|
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> College, Vocational or Technical Training |
| <input type="checkbox"/> Job Listings: WorkInTexas.com | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> U.S. JOBS National Labor Exchange | <input type="checkbox"/> Vocational Rehab Assistance |
| <input type="checkbox"/> Career One Stop – Career Guidance | <input type="checkbox"/> Services to Refresh Basic Skills (Reading, Math, Language) |
| <input type="checkbox"/> Skills Assessments – TABE, SAGE, Provelt! | <input type="checkbox"/> Services to Obtain High School Equivalency |
| <input type="checkbox"/> Resume' Writing Program | <input type="checkbox"/> Services for Youth |
| <input type="checkbox"/> Job Search Tips and Techniques | <input type="checkbox"/> Services to Learn English |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Communities in Schools (in school youth dropout prevention) |
| <input type="checkbox"/> Services For Laid-Off Workers | <input type="checkbox"/> Services for Foster Youth |
| <input type="checkbox"/> Trade Adjustment Assistance Information (TAA) | <input type="checkbox"/> Fidelity Bonding |
| <input type="checkbox"/> Services for Seniors (55 & Older) | <input type="checkbox"/> Financial Aid Information |
| <input type="checkbox"/> Texas Labor Market Information | <input type="checkbox"/> Work Opportunity Tax Credit Information |
| <input type="checkbox"/> Career & Skills Assessment | <input type="checkbox"/> Community Services (Food, Clothing, Shelter, etc.) |
| <input type="checkbox"/> Services for Veterans | <input type="checkbox"/> Public Transportation Information |
| <input type="checkbox"/> Texas Veterans Leadership Program | <input type="checkbox"/> Job Corp |
| <input type="checkbox"/> VetCentral – Nationwide Federal Contractor Job Listings | <input type="checkbox"/> Other _____ |

Please write what you feel is preventing you from finding employment and any additional comments you may have below.

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for child care services, I may have to repay the child care program for services received fraudulently, and criminal charges may be filed against me with the local prosecuting authority. By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Workforce Solutions Golden Crescent and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

If you suspect fraud or abuse of Texas Workforce Commission programs, you may call the Fraud/Program Abuse Hotline at 1-800-252-3642 anonymously and without fear of retaliation. Mail or hand-deliver this form to: Workforce Solutions Golden Crescent, Child Care Services, 120 S. Main, Suite 110, Victoria, Texas 77901 OR Fax to: 361-580-0762

Applicant Signature: _____

Staff Name: _____

Date Received: _____

A proud partner of the **americanjobcenter** network

Equal Opportunity Employer/Program
Auxiliary aids and services are available
Upon request to individuals with disabilities