

## Western Dairyland E.O.C., Inc. Skills Enhancement Program Application

*All information will be kept confidential*

Western Dairyland's Skills Enhancement Program has been developed to provide part-time educational and skills training to low-moderate income individuals as a means to reach self-sufficiency. This application does not require any involvement or commitment on your part. Should you pursue financial assistance from Western Dairyland, additional information will be requested at a future date.

Name(first, middle, last)		Social Security Number		Today's Date:	
Street Name and Address		City, State & Zip code		County of Residence	
Mailing Address (if different)		Email Address:		Date of Birth	
Daytime Telephone Number		Other Telephone Number		Marital Status	
U. S. Citizen YES NO	Gender Male Female	Qualified Alien YES NO		Alien Registration No.	
How many children do you support? _____			Does the child(ren) live with you? YES NO		
Are you the parent of a child(ren) under the age of 18? YES NO			If yes, how old are your child(ren)? _____		
Race Black Hispanic American Indian Asian/Pacific Islander Alaskan Native White Other (please specify) _____					
<b>Family Income: list all family members income</b>					
<b>EMPLOYMENT INCOME (Including Self-employment Income)</b>					
FAMILY MEMBER	EMPLOYER	MONTHLY GROSS INCOME	WEEKLY HOURS		
Your work telephone #	Employer Address	Start Date	Health Care Benefits?		
Current Job title	Hourly Wage	Previous Occupation	Veteran?		
<b>UNEARNED INCOME</b> (such as child support, alimony, grants, SSI, SSDI, inheritance, retirement, interest, charity)					
FAMILY MEMBER	SOURCE	AMOUNT PER MONTH			

- Total household gross income for the last 6 months \_\_\_\_\_
- A. Is this enough to pay your bills and buy necessities? \_\_\_\_\_
- B. Do you have debts; you are trying to reduce? \_\_\_\_\_
- C. Would you like information on money management/financial wellness? \_\_\_\_\_
- D. Do you have a savings plan? \_\_\_\_\_

Is your family receiving Medical Assistance, BadgerCare, WIC, Food Stamps, childcare, or any other public assistance?

Please list: \_\_\_\_\_

**OTHER WESTERN DAIRYLAND PROGRAMS**

Have you ever received any services from other Western Dairyland programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please circle the programs you've worked with: Fresh Start, Wheels for Work, Homeless Haven, RENEW, Crisis/Energy Assistance, other \_\_\_\_\_

**EDUCATION**

A. What is the highest grade you have completed? \_\_\_\_\_  
Do you have a G.E.D., H.S.E.D., or high school diploma? \_\_\_\_\_ Date Completed \_\_\_\_\_

B. Do you have vocational, college, or specialized training? (If Yes, area of training) \_\_\_\_\_

C. How much have you completed? \_\_\_\_\_

D. If not, are you interested in: \_\_\_\_\_ G.E.D. or H.S.E.D. programs  
\_\_\_\_\_ Vocational or Specialized training  
\_\_\_\_\_ College  
\_\_\_\_\_ Other

E. Will you be applying for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, explain: \_\_\_\_\_

F. Have you defaulted on past student loans? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much do you owe? \_\_\_\_\_

**CAREER GOALS**

A. What is your career plan? \_\_\_\_\_

B. Projected graduation date \_\_\_\_\_ C. Desired income goal \_\_\_\_\_

C. Completed: \_\_\_\_\_ Goal Testing \_\_\_\_\_ Accuplacer Testing \_\_\_\_\_ Career Inventory \_\_\_\_\_ TABE \_\_\_\_\_ ESL  
\_\_\_\_\_ Date Completed \_\_\_\_\_ Date Completed \_\_\_\_\_ Dated Completed \_\_\_\_\_ Date \_\_\_\_\_ Date

**CHILD CARE**

A. Do you have reliable childcare? \_\_\_\_\_

B. Provided by whom? \_\_\_\_\_

C. Do you receive County assistance for childcare? \_\_\_\_\_

**TRANSPORTATION**

A. Do you own your own vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. If yes, is your vehicle reliable? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Is it insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

D. Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

E. If you do not own a vehicle, what transportation is available to you? \_\_\_\_\_

**HOUSING**

A. Do you own or rent your home? \_\_\_\_\_ Own \_\_\_\_\_ Rent

B. Monthly payment? \_\_\_\_\_

D. Does your home need to be weatherized? \_\_\_\_\_ Yes \_\_\_\_\_ No

E. Are you in need of fuel assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

F. Do you receive any rent assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who or what agency referred you to Western Dairyland's Skills Enhancement Program? \_\_\_\_\_

What made you come in today? \_\_\_\_\_

Do people important to you, agree this is a good idea? \_\_\_\_\_

**To be signed in the presence of agency representative**

I certify that the information on this application is a true and complete statement of facts according to my best knowledge and belief. I further certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only: \_\_\_\_\_