

**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)? _____		
<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? \_\_\_\_\_

Is this enough to pay your bills and buy necessities? \_\_\_\_\_

Do you have debts; you are trying to reduce? \_\_\_\_\_

Would you like information on money management/financial wellness? \_\_\_\_\_

Do you have a savings plan? \_\_\_\_\_

<b>Applicant Information</b>
<b>Race/Ethic Background ---Check all that apply:</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please identify):
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married
<b>Family Status:</b> <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> No Children <input type="checkbox"/> Other (please identify):
<b>Military Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> No Affiliation <input type="checkbox"/> Veteran <input type="checkbox"/> Unspecified
<b>Education:</b> <input type="checkbox"/> Less than High School Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED obtained <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Student (Indicate school/program attending): <input type="checkbox"/> Other (please identify):
<b>Health Insurance:</b> <input type="checkbox"/> None <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Medicaid <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> Other (please identify):
<b>Handicapped Status – check all that apply:</b> <input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled
<b>Do you have trouble speaking or reading English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT**  
*HI=Health Insurance, please indicate Y for yes and N for no*

Name	DOB	Sex	HI	Name	DOB	Sex	HI

Are you participating in a W-2 Wisconsin Works Employment Program?    \_\_\_ Yes    \_\_\_ No

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 \_\_\_\_\_
- D. 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: \_\_\_\_\_

\_\_\_\_\_  
*Last Updated (November 2019)*