

Please print this 2-page questionnaire, fill it out and bring it to Heidi Sohn at VACE. She will contact you to let you know if you are eligible to receive the complete application package.

Eligibility Questionnaire WIA Adult Program

Ventura County Residents Only



Ventura Adult and

All information is required and will be kept CONFIDENTIAL

Section 1 Contact I	nformati	on				
Today's Date: Re	ferred by:	□ VACE Webs	site 🛭 VAC	Staff Relative/Friend	□ EDD	
	Other:					
First Name M.				Last Name		
Home Address:				City, State, Zip:		
Mailing Address (If different from above):				City, State, Zip:		
Primary Phone Number:				Alternate Phone Number:		
☐ Home ☐ Cell/Mobile ☐ Relative ☐ Work ☐ Other				☐ Home ☐ Cell/Mobile ☐ Relative ☐ Work ☐ Other		
E-mail Address:						
E man Address.						
Section 2 Individua	l Informa	ation				
					white the U.C.2. Divis Divis	
Social Security #: Date of Birth		Gender			rk in the U.S.? Yes No No tered with Selective Service?	
Date of birth	Age	Gender ☐ Male ☐ I	Female		empt from registration \bigsize N/A	
Do you have a disability? (OF	TIONAL)			No I do not have a disabili	•	
Do you have a disability? (OPTIONAL) ☐ Yes, I have a disability ☐ No I do not have a disability Are you homeless? ☐ Yes ☐ No						
Citizenship:						
☐ U.S. Citizen ☐ U.S. Permanent Resident				☐ Alien/Refugee Lawfully Admitted to U.S.		
□ None of the above Alien Number:				Expiration Date		
Are you bilingual? No Yes if yes, which languages:						
The you billingual: and area if yes, which languages.						
Section 3 Low Income Priority						
Check all programs that you or someone in your household is participating in/receiving:						
☐ Food Stamps ☐ CalV			☐ CalWORKs/TANF ☐ Workers Compensation		s Compensation	
☐ Unemployment Insurance ☐ Voca			ional Rehabilitation		gram	
Were you claimed on a parent's income tax form last year?						
Section 4 Education	Informa	ation				
Are you attending school currer		ghest grade completed:				
			No School Grade Completed		d Certificate of Attendance/Completion	
			☐ Grade (1-12 Grade) ☐ Vocational School Certificate			
		☐ High School Diploma ☐ Associates Degree		S .		
		□ GED or Equivalent □ Bachelor's Degree				
☐ Yes, Attending a Technical/Vocational school		☐ 1 yr College, Technical, or Vocational School ☐ Master's				
☐ No, Not Attending Any School		☐ 2 yrs College, Technical, or Vocational School ☐ Doctorate Degree ☐ 3 yrs College. Technical, or Vocational School ☐ Specialized Degree (e.g. MD. DDS)				

Please continue on reverse →

Section 5	Employment					
☐ Working Ful	☐ Working Full-Time ☐ Working Part-Time ☐ Not Working ☐ Never Worked ☐ Other					
Have you recently received a notice of termination or military separation?						
Type of business worked in: ☐ Private Business ☐ Local Government ☐ Federal Government ☐ Non-Profit ☐ Higher						
Education State Government Education (K-12) Have never worked Other:						
Are you looking for work? \(\text{Yes} \) No						
Are you receiving Unemployment Insurance? ☐ Yes ☐ Not now because it ran out ☐ No						
Section 6 Ethnic Origin						
Are you of Hispanic or Latino heritage?						
Race (please check all that apply):						
☐ African Ame	rican/Black					
☐ American In	dian/Alaskan Native					
□ Asian	☐ Hawaiian/part Hawaiian ☐ Other					
□ Indian	☐ Pakistani ☐ Samoan					
☐ Sri Lank	an 🗖 Vietnamese 📮 Palauan					
☐ Nepales	e 🗖 Sikkimese 📮 Guamanian					
☐ Bhutane	ese 🗖 Japanese 🗖 Marshallese					
☐ Chinese	☐ Korean ☐ Micronesian					
☐ Malaysi	an					
☐ Laotian	☐ Cambodian					
Section 7 Military Service: Veterans may be entitled to additional state and federal benefits						
Are you in the	military, a veteran, or the spouse of a veteran?					
☐ If Yes, go to	Section 8 below 🔲 If No, you're finished and ready to turn in the form					
Section 8	Military Service					
Veterans and t	heir spouses may be entitled to State and Federal benefits. Please answer the following questions:					
	ou within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?					
-	☐ If Yes, go to Section 8a ☐ No					
2. Have you been discharged from the military having served on active duty for more than 18- days, or received a Military						
Campaign Badge (i.e. Desert Storm), or been medically retired prior to completing 180 days of service?						
☐ If Y	es, go to Section 8b No					
3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line						
of duty by hostile force, is a Prisoner Of War or who died from a service connected disability?						
☐ If Yes, go to Section 8b ☐ No						
If you have answered no to all three questions, you're finished - please return form to staff.						
Section 8a Transitional Service Members						
If you answe	red yes to Question 1 in Section 8 please indicate your transitioning type and transitioning service member					
discharge date:						
Transitioning Type: Not Applicable Within 24 months of retirement Within 12 months of discharge						
Transitioning Service Member Discharge Date: []						
Section 8b Veterans and Spouses of Disabled or Deceased Veterans						
If you answe	red yes to Question 2 in Section 8 please enter the information below about your military service.					
If you answered yes to Question 3 in Section 8 please enter the information below about your spouse's military service.						
Military Service Entry Date: Military Service Discharge Date:						
Danie dan						
Received or eligible for a military campaign badge:						
Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ National Guard ☐ Not Applicable						
Active in the Military Reserves:						
Type of discharge received: Under Honorable Conditions Under Other Than Honorable Conditions						
□ Bad Conduct □ Dishonorable □ Uncharacterized □ Other						
Disabled Veteran: No Yes, disabled Yes, special disabled (greater than 30%) Disability Personness: No Yes, disabled Yes, special disabled (greater than 30%)						
Disability Percentage: ☐ Less than 5% ☐ Between 5-9% ☐ 10-19% ☐ 20-29% ☐ 30-39% ☐ 40-49% ☐ 50-59% ☐ 60-69% ☐ 70-79% ☐ 80-89% ☐ 90-99% ☐ 100% ☐ No Applicable						
Homeless Veteran: ☐ Yes ☐ No						

Equal Employment Employer/Program, Auxiliary Aids Available Upon Request, TDD/TYY Inquiries please call (805) 676-7365