



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

5200 Valentine Rd,  
Ventura, CA 93003  
Direct (805) 289-7925 ext 1301  
Fax (805) 289-7931  
ATTN: Heidi Sohn  
Heidi.Sohn@AdultEdVentura.edu

All information is required and will be kept **CONFIDENTIAL**

#### Section 1 Contact Information

Today's Date:	Referred by: <input type="checkbox"/> VACE Website <input type="checkbox"/> VACE Staff <input type="checkbox"/> Relative/Friend <input type="checkbox"/> EDD <input type="checkbox"/> Other :		
First Name	M.	Last Name	
Home Address:		City, State, Zip:	
Mailing Address (if different from above):		City, State, Zip:	
Primary Phone Number: (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative <input type="checkbox"/> Work <input type="checkbox"/> Other		Alternate Phone Number: (____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Relative <input type="checkbox"/> Work <input type="checkbox"/> Other	
E-mail Address:			

#### Section 2 Individual Information

Social Security #: _____ - _____ - _____		Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Men: Have you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt from registration <input type="checkbox"/> N/A
Do you have a disability? (OPTIONAL) <input type="checkbox"/> Yes, I have a disability <input type="checkbox"/> No I do not have a disability			
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. <input type="checkbox"/> None of the above Alien Number: _____ Expiration Date _____			
Are you bilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, which languages:			

#### Section 3 Low Income Priority

Check all programs that you or someone in your household is participating in/receiving:		
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> CalWORKs/TANF	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> WIA Program
Were you claimed on a parent's income tax form last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (you <b>MUST</b> find out)		

#### Section 4 Education Information

<b>Are you attending school currently?</b> <input type="checkbox"/> Yes, Attending 'regular' High School <input type="checkbox"/> Yes, Attending an Alternative High School (such as Ventura Adult Education) <input type="checkbox"/> Yes, Attending College <input type="checkbox"/> Yes, Attending a Technical/Vocational school <input type="checkbox"/> No, Not Attending Any School	<b>Highest grade completed:</b> <input type="checkbox"/> No School Grade Completed <input type="checkbox"/> _____ Grade (1-12 Grade) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED or Equivalent <input type="checkbox"/> 1 yr College, Technical, or Vocational School <input type="checkbox"/> 2 yrs College, Technical, or Vocational School <input type="checkbox"/> 3 yrs College, Technical, or Vocational School	<input type="checkbox"/> Attained Certificate of Attendance/Completion <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS)
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Please continue on reverse →

