Barriers to independence and employment?

If you are interested in learning more about how you can join our paid work training program, please contact one of our case managers for more information or to set up an interview!

Bring this form with you filled out to better assess how we can help you!

**Program Qualifiers**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you contact us?

◻Website ◻Walk In ◻Call In ◻Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you between the ages of 15-24? Age:\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you face any of the following barriers?
  + Currently or previously in foster care
  + Family and/or self living below the poverty level
    - Do you qualify for Medi-Cal, food stamps, etc.?
  + Previously incarcerated
  + Parent is incarcerated
  + Physical/Developmental/Intellectual disability
  + Part of a traditionally underserved community (BIPOC)
* American Indian / Alaskan Native
* Asian
* Black / African American
* Hispanic / Latino
* Native Hawaiian / Other Pacific Islander
* White
  + Part of the LGBTQ+ community
  + English is your second language
  + Mental health diagnosis
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you enrolled in school? YES NO
  + If yes, what city do you attend school in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - What is the name of your school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have an IEP, 504, or mental health diagnosis?
* How do these barriers impact you?
* Will you need any special accommodations?
* Have you ever been convicted of a misdemeanor? YES NO
* Have you ever been convicted of a felony? YES NO
* Have you ever been convicted of a violent crime? YES NO

(Examples: assault, robbery, arson, abuse, sexual assault, manslaughter, murder)

How do we contact you?

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_