



SKILLS ENHANCEMENT SCREENING APPLICATION

Lakeshore Community Action Program, Inc.

702 State Street

P.O. Box 2315

Manitowoc, WI 54221-2315

Phone: 920-682-3737 — Fax #: 920.686.8700

PERSONAL INFORMATION

Full Name: _____ Date: _____
(PRINT) Last First Middle Name

Address: _____
Street Address (Apt # if applicable) County

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____ Social Security #: _____

INCOME INFORMATION

Employer: _____ Hrs per week: _____

Title: _____ Health insurance available through your employer? _____

Monthly Cost of Insurance: \$ _____ Wages: \$ _____ Per: _____

How many people live in your household? _____ How many dependents do you support? _____

Spouse/Friend Spouse/Friend
Full Name: _____ Birth Date: _____

The following should be considered income: Wages/salary before deductions, Net receipts from self employment, Social Security, Workers Compensation, Alimony, Military Allotments, SSI/SSDI, Unemployment Compensation, Work Study

Income that would NOT be counted includes: Child Support (income paid out in child support can be deducted), Higher Education Grants/Scholarships, Tax refunds, Gifts, Non-cash benefits such as Food Share, housing assistance, etc., Job Corp Payments

COUNTY SERVICES

Please Check All County Services You Receive: Food Share Medical Assistance
 Badger Care WIC Child Care Assistance Other: _____

POINTS OF INTEREST

What part of the Skills Enhancement Program is of interest to you? Assistance with transportation to/from school

Assistance with childcare while taking classes Educational costs for tuition, books, and fees

What is your education/training/career goal? _____

Are you currently enrolled in an education/training program? _____ If so, where? _____

How long will it take you to achieve your goal? _____ Have you applied for financial aid? _____

Are you aware of job opportunities in the area? _____ Are you willing to relocate for a job? _____

Without the support of this program, would you be able to achieve your job advancement goals? _____

If YES, how? _____

If NO, what other resources have you explored to assist you with this goal? _____

How did you hear about the Skills Enhancement Program at Lakeshore CAP? _____