



Lakeshore CAP Skills Enhancement Screening Form
702 State St. Manitowoc, WI 54220
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All information will be kept confidential. Lakeshore CAP's Skills enhancement program has been developed to provide educational skills and training to low-income individuals as a means to reach self-sufficiency. This application does not guarantee enrollment into the program. Should you pursue financial assistance from CAP, additional documentation will be requested.

Personal Information

Full Name: _____ Date: _____
Last *First* *M.I.*
County you live in: _____ Gender: Male Female Other
Email Address: _____ Phone: (____) _____

Household Income

We collect income information to verify eligibility – our program serves households that fall below 150% of the Federal Poverty Guidelines. 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, Tribal payments
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.

Employer: _____ Job Title: _____
Hours worked per week: _____ Wage per hour: \$ _____
How many people live in your household: _____ How many dependents do you support: _____
Do you have a significant other with earned income: Y N Significant other's income (annual)? \$ _____
Does the household have any other income? Type of income: _____ Amount: \$ _____

Public Assistance

Is your family currently receiving any public assistance: Y N
Examples: BadgerCare, Medicare, FoodShare, WIC, Child Care Assistance, Housing Assistance, Energy Assistance

Education

What type of degree or training program do you want to pursue: _____
Are you currently enrolled in an education/training program? Y N If so, where? _____
How long will it take you to achieve this goal? _____
What other resources have you explored to assist you with this goal? _____

Other Information

How did you hear about the Skills Enhancement program at Lakeshore CAP? _____
Is there anything unique about your situation that you wish to share? _____

Please expect a call or email from a Skills Development Manager within 2 weeks of submitting form.