Lakeshore Community Action Program, Inc.

702 State Street
P.O. Box 2315
Manitowoc, WI 54221-2315
Direct Line # 920.682-3737
Fax # 920.686.8700

Skills Enhancement Program Application-Personal Information

(*PRINT*)

Full Name: _____ Date: _____

Last *First* *Middle*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: ( ) _____ E-mail Address: _____

Social Security No: _____ Birth Date: _____ Marital Status: _____

Emergency Contact: _____ Relationship to you: _____ Phone: ( ) _____

Race: ☐ Black ☐ Hispanic ☐ Native American ☐ Asian/Pacific Islander ☐ Alaskan Native ☐ White (non-Hispanic) ☐ Other

Are you a US citizen? YES ☐ NO ☐ If no, are you a qualified alien? YES ☐ NO ☐ Alien Registration No.: _____

Are you a US veteran? YES ☐ NO ☐ Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain: _____

Presently do you have any Health Insurance Coverage for yourself: Please circle one YES or No Name of coverage _____

Household Information

(List yourself and everyone living in your household, related & unrelated.) Circle "IN SCHOOL" (Y or N) for everyone. Check "NOT WORKING" for every household member it applies to, INCLUDING children.

#1 Head of Household (You):_____ **Birthdate:** _____ **Marital Status:**_____

Social Sec. #: _____ **Race:** _____ Hispanic or Latino ☐ Yes ☐No

In School? ☐Yes ☐No **Highest Grade Completed**: ___ **Graduate?** ☐Yes ☐No **Gender**: _____

Employed? ☐Full Time ☐Part Time ☐Seasonal **Unemployed?** □ 6mo or less □ 6 mo or more □ Not Working □ Retired

Medical Insurance: □ Medicare □ Medicaid □ State Adult □ State Children's □ Employer □ VA □ Private □ None □ Other

#2 Name:_____ **Birthdate:** _____ **Marital Status:**_____

Social Sec. #: _____ **Race:** _____ Hispanic or Latino ☐ Yes ☐No

In School? ☐Yes ☐No **Highest Grade Completed**: ___ **Graduate?** ☐Yes ☐No **Gender**: _____

Employed? ☐Full Time ☐Part Time ☐Seasonal **Unemployed?** □ 6mo or less □ 6 mo or more □ Not Working □ Retired

Medical Insurance: □ Medicare □ Medicaid □ State Adult □ State Children's □ Employer □ VA □ Private □ None □ Other

#3 Name:_____ **Birthdate:** _____ **Marital Status:**_____

Social Sec. #: _____ **Race:** _____ Hispanic or Latino ☐ Yes ☐No

In School? ☐Yes ☐No **Highest Grade Completed**: ___ **Graduate?** ☐Yes ☐No **Gender**: _____

Employed? ☐Full Time ☐Part Time ☐Seasonal **Unemployed?** □ 6mo or less □ 6 mo or more □ Not Working □ Retired

Medical Insurance: □ Medicare □ Medicaid □ State Adult □ State Children's □ Employer □ VA □ Private □ None □ Other

#4 Name:_____ **Birthdate:** _____ **Marital Status:**_____

Social Sec. #: _____ **Race:** _____ Hispanic or Latino ☐ Yes ☐No

In School? ☐Yes ☐No **Highest Grade Completed**: ___ **Graduate?** ☐Yes ☐No **Gender**: _____

Employed? ☐Full Time ☐Part Time ☐Seasonal **Unemployed?** □ 6mo or less □ 6 mo or more □ Not Working □ Retired

Medical Insurance: □ Medicare □ Medicaid □ State Adult □ State Children's □ Employer □ VA □ Private □ None □ Other

#5 Name:_____ **Birthdate:** _____ **Marital Status:**_____

Social Sec. #: _____ **Race:** _____ Hispanic or Latino ☐ Yes ☐No

In School? ☐Yes ☐No **Highest Grade Completed**: ___ **Graduate?** ☐Yes ☐No **Gender**: _____

Employed? ☐Full Time ☐Part Time ☐Seasonal **Unemployed?** □ 6mo or less □ 6 mo or more □ Not Working □ Retired

Medical Insurance: □ Medicare □ Medicaid □ State Adult □ State Children's □ Employer □ VA □ Private □ None □ Other

Household Income

Please list all household members' income.

Applicant your Name Below ***Employment Income (Include self-employment income)***

Full Name: _____ Job Title: _____

Employer & Address: _____ Phone: (____) _____

Weekly Hours: _____ Hourly Wage/Salary: $_____ Start Date: _____ Are Health Care Benefits Offered? _____

Household Income- Other Adults

Full Name:

Employer & Address: _____ Social Security #: _____ Phone: (____) _____

Weekly Hours: _____ Hourly Wage/Salary: $_____ Birth Date: _____ Are Health Care Benefits Offered? _____

Unearned Income (such as unemployment, child support, alimony, grants, SSI, SSDI, inheritance, retirement, interest, charity)

Name: _____ Source of Income: _____ Amount per month: $_____

Name: _____ Source of Income: _____ Amount per month: $_____

Is your current income enough to pay your bills and buy necessities? _____ Do you have any outstanding debts? _____

Would you like information on money management? _____ Do you have a savings plan? _____ Would you like information on the Earned Income Tax Credit? _____

For more information on money management or The Earned Income Tax Credit, please contact:

Consumer Credit Counseling: 920-458-3784
or
Catholic Charities: 920-272-8234

Education/Career Goals

What is the highest grade you have completed? _____ Do you have a GED, HSED, or high school diploma? _____ Date completed? _____

Do you have vocational, college, or specialized training? _____ Area of training: _____ How much have you completed? _____

Are you interested in: ☐ GED or HSED programs ☐ Vocational or Specialized Training ☐ College ☐ Other

Will you be applying for financial aid? YES ☐ NO ☐ If no, explain: _____

_____

Have you defaulted on past student loans? YES ☐ NO ☐ If yes, how much do you owe? $ _____

What is your career plan? (type of degree/training) _____

Projected graduation date: _____ Desired income goal: $ _____

Completed: ☐ Goal Testing ☐ Accuplacer Testing ☐ Career Inventory ☐ TABE ☐ ESL Date Completed: _____

Assistance

Is your family currently receiving? ☐ Medical Assistance ☐ Badger Care ☐ SNAP/Food Share $ _____/mo. ☐ WIC ☐ Child Care Voucher ☐ Section 8 ☐ Public Housing (Low Income) ☐ Permanent Supportive Housing (Mental Health Housing Program
☐ Affordable Care Act Subsidy ☐ LIHEAP/WHEAP (Energy Asst) ☐ HUD/VASH (Veterans) ☐
Other: _____

* Do you receive (EITC) Earned Income Tax Credit- Provides a subsidy for low-income families:
Circle One YES or NO

Please detail family member(s) that receive each type of assistance and the amount received monthly: _____

_____

Housing

Do you own or rent? Monthly payment? $ Does your home need to be weatherized?

Transportation

Do you own your own vehicle? _____ If yes, is your vehicle reliable? _____ Is it insured? _____

Do you have a valid driver's license? _____ If you do not own a vehicle, what type of transportation is available to you? _____

Child Care

Do you have reliable childcare? _____ Provided by whom? _____

Who or what agency referred you to Lakeshore Community Action Program, Skills Enhancement Program _____

Do you feel you have a good support system? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I further certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form.

Signature: _____ Date: _____

All information will be kept confidential.
Lakeshore Community Action Program, Inc. Skills Enhancement Program has been developed to provide part-time educational and skills training to low-moderate income individuals as a means to reach self-sufficiency.
This application does not guarantee enrollment into the Program.