

WIOA PRE-SCREENING FORM

Return form to a WIOA office or email to wioa@centralgatech.edu

(Print) FIRST, MI NAME: _____ (Print) LAST NAME: _____
 DOB: ____/____/____ AGE: ____ SS# Last (4) digits: XXX-XX ____ COUNTY: _____
 Residing Address: _____ City: _____ State: _____ ZIP: _____
 Phone#: (____) _____ Alt. Phone#: (____) _____ Student ID#: _____
 Email: _____

Married Single Separated Divorced Semester Year: Fall ____ Spring ____ Summer ____

Who do you reside with? Parents/siblings Spouse Family member Friends Self

CURRENT EDUCATION

Major/Program of Study: _____ Level: DEGREE OR DIPLOMA GPA: _____

When do you expect to graduate from CGTC? Month/Year ____/____

PRIOR EDUCATION

List prior, most recent educational diploma, degree, and/or certification

College: _____ Credential: _____ Year Graduated _____

High School or GED? School Name: _____ Month/Year Graduated? ____/____

HEALTH PROGRAM STUDENTS

Have you completed core prerequisite classes and made the selection list into your program? YES NO

If Yes, Month/Year: ____/____ If No, when do you expect to make selection? ____/____

HAVE YOU APPLIED FOR FINANCIAL AID? YES No

(A current financial aid application must be submitted regardless of your eligibility.)

EMPLOYMENT

Current Employer's Name: _____ City: _____ Start Date: _____

Full-time: ____ OR Part-time ____ Hourly Wage: \$ _____ Title: _____

If not, last date employed: Month/Year: ____/____ Company's Name: _____

How many other adults employed in household? ____ Relationship: _____

HOUSEHOLD (Individuals receiving Public assistance or Unemployment benefits are usually income eligible)

Do you currently receive any assistance or benefits listed below? (Check all that apply)

Food Stamps (Monthly) \$ _____ Unemployment Benefits (Weekly) \$ _____ TANF (Monthly) \$ _____

Child Support (Monthly) \$ _____ Social Security (Monthly) \$ _____ SSI (Monthly) \$ _____

VA GIBill benefits PELL HOPE Student Loans Family/Friends

Your Household Size? (Circle one): 1 2 3 4 5 6 7 8 Estimated Monthly Gross Household Income: \$ _____

If applicable, how many of your children in the household are under the age of 13-yrs. old? _____

Who referred you to WIOA? _____

Signature: _____ Date: _____

By signing, you agree that all information you've listed on this form is true to the best of your knowledge.

WIOA is not an entitlement program; therefore, services are not provided to everyone. Our ability to serve you depends upon the following: Availability of funds to aid; Eligibility based on WIOA Selection policies & regulations; WIOA approved program of study; and Determination & qualifications necessary to graduate and obtain training-related employment.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA: Is student eligible for Application? YES ____ NO ____ Date: _____
 COMMENTS: _____ WIOA Career Advisor Initials: _____