

CalJOBS Registration – Youth Addendum

EXHIBIT A
7/1/2019

Customer Information			
Name:	Age:	What are the last 4 digits of your SSN:	High School Graduate/equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No High School Drop-out? <input type="checkbox"/> Yes <input type="checkbox"/> No
Compulsory School Attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No Recent Date of School attendance: _____		Are you attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No School attending: _____	
Currently Eligible or Receiving Free or Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No High Poverty Zip Code: _____			
Employment Information			
Work History (Most recent job held)			
Job Title 1:		Hourly Wage: \$	
Company:		Start Date: / / End Date: / /	
Job Duties:			
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving Unemployment Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Information (Family includes husband, wife and children only.)			
How many people, including yourself are in your family? _____			
What is your family income for the last 6 months? _____			
List yourself and all family members of your household and their relationship to you. Then list all income they received during the past 6 months and the source of that income.			
Family Member	Relationship	Age	Income Source of Income
Meets Governor's Special barriers to Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving, or has been notified will receive, Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a migrant Seasonal Farm Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Individual Facing Substantial Cultural Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
English Language Learner <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Out-of-Home Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible under Section 477 of the Social Security Act: <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth in, or aged out of, Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an offender (been arrested and convicted of a crime)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Foster Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gang Status: Gang Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		Youth of Incarcerated Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No Substance Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Skills Deficient: <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Assistance (Only 5% of ISY): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Assistance Information			
Are you receiving: TANF <input type="checkbox"/> Yes <input type="checkbox"/> No		General Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refugee Cash Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No (Food Stamps)	
By signing below, I acknowledge that I have received copies of: 1) Code of Conduct; 2) Grievance, Non-discrimination and Equal Opportunity complaint Procedures; and 3) Release of Information.			
Client Certification: My signature below also indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act (WIOA) program and may result in action to recover any moneys paid to me while participating.			
Signature of Client:			Date:
Parent/Guardian Signature:			Date:
Office use only:			
Signature of Interviewer:		Agency:	Date:
SETA Staff Reviewer:		Date:	Date:
SETA Supervisor Signature		Date:	Date: