



Veterans & Youth Career Collaborative (VYCC)
"Supporting our Veterans and Youth for a Greater America"
A 501(c)(3) Non-profit Organization

CLIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ SSN: _____
Primary Phone #: _____ Phone Type: Cell/Mobile Home Work Relative's Phone Other
Emergency Contact Phone #: _____ Phone Type: Cell/Mobile Home Work Relative's Phone Other
Email: _____
Please select a method in which you prefer to receive notifications: Phone call Text Email
Address: _____ City _____ State _____ Zip Code _____
Mailing Address: _____ City _____ State _____ Zip Code _____
Citizenship: US Citizen Eligible Non-Citizen
Are you 17 - 24 years old: Yes No

DEMOGRAPHICS

Birth Date: _____ Age: _____ Gender: Male Female I do not wish to answer

Are you of Hispanic or Latino heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer	Race - Ethnicity (Please check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian - White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> I do not wish to answer
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EDUCATION

Did you receive a high school diploma or equivalent: Yes No

Highest Education Level Completed Beyond High School (check all that apply):

<input type="checkbox"/> None <input type="checkbox"/> Attained Secondary School Diploma <input type="checkbox"/> Participant with Disability - Received Certificate of Attendance/Completion	<input type="checkbox"/> Attained other post-secondary degree or certification _____ <input type="checkbox"/> Attained an Associate's (AA/AS) Degree _____ <input type="checkbox"/> Attained a Bachelor's (BA/BS) Degree _____ <input type="checkbox"/> Attained a Degree beyond a Bachelor's Degree _____
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EMPLOYMENT

Employment History (List from most recent).

Employer: _____ Address: _____
 Phone: _____ Date of Employment _____ to _____ Hours per Week: _____ Hourly Wage: _____
 Job Title: _____ Job Duties: _____
 _____ Reason for Leaving: _____

Employer: _____ Address: _____
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 Job Title: _____ Job Duties: _____
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Employer: _____ Address: _____
 Phone: _____ Date of Employment _____ to _____ Hours per Week: _____ Hourly Wage: _____
 Job Title: _____ Job Duties: _____
 _____ Reason for Leaving: _____

Employment Status: <input type="checkbox"/> Never Employed <input type="checkbox"/> Unemployed / Not working – # of weeks unemployed: _____ <input type="checkbox"/> Employed Part-time (31 hrs or less) <input type="checkbox"/> Employed Full-time (32 hrs or more) <input type="checkbox"/> Employed but received termination or lay-off notice <input type="checkbox"/> Employed but received military separation notice.		Most recent Occupation: _____ _____	Most recent hourly wage: _____ _____
Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your desired job title? _____ _____		What wages do you feel you need to earn to make ends meet, bare minimum? _____
Do you have any special licenses, training, certifications, etc.? _____ _____	Registered Apprenticeship Program <input type="checkbox"/> Yes, current <input type="checkbox"/> Yes, completed <input type="checkbox"/> None – N/A	Are you receiving unemployment insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	UC eligibility status: <input type="checkbox"/> Neither claimant or Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee
EDD UI Eligibility Status: <input type="checkbox"/> Not Claimant or Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee	EDD UI Referred by Status: <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input type="checkbox"/> N/A		Have you performed as a farm worker or food processor, include packing houses, nurseries, or orchards, for at least 25 days within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently enrolled with an AJCC (America’s Job Center of California)?

Yes; Which one? _____ No

BARRIERS TO EMPLOYMENT

Please check your primary forms of transportation:

- Own Auto
 Public Transportation
 Bike
 Walk
 Friend
 Agency Van
 Family
 Contract Transportation
 Other _____

Are you a displaced homemaker: Yes No

Are you a single parent: Yes No Decline to Answer

Do you have any Cultural barriers? Yes No Decline to Answer

Is substance abuse one of your barriers to employment? Yes No

Are you participating in the national farm worker jobs program (WIOA Sec. 167): Yes No

Are you homeless? Yes No

Have you ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your last conviction date? _____ Time Served: _____	Are you in probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are currently on probation, what is your anticipated end date? _____	Are you in parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are currently on parole, what is your anticipated end date? _____
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INCOME & HOUSING & DISABILITY

Please provide answers to the questions if any apply within the last 6 months.

Currently receiving or received within the last 6 months – CalWORKS or Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> Yes - Applicant <input type="checkbox"/> Yes - Household <input type="checkbox"/> No	
Currently receiving or received within the last 6 months – General Assistance / Relief GA/GR: <input type="checkbox"/> Yes - Applicant <input type="checkbox"/> Yes - Household <input type="checkbox"/> No	
Currently receiving or received within the last 6 months – Food Stamps, SNAP, or CalFRESH: <input type="checkbox"/> Yes - Applicant <input type="checkbox"/> Yes - Household <input type="checkbox"/> No	
Currently receiving services under SNAP Employment & Training Program: <input type="checkbox"/> Yes - Applicant <input type="checkbox"/> No	
Currently a Foster Child Ages 14-24 (State / Local payments being made): <input type="checkbox"/> Yes - Applicant <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower	
Family Size (Household): _____ Number of Dependents under the age of 13: _____ Ages 14-17: _____	Family (Household) Gross Income for the last 6 months: _____
Currently Living Status: <input type="checkbox"/> Home Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Family <input type="checkbox"/> Living with Friend <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Homeless <input type="checkbox"/> Living in Car <input type="checkbox"/> Transitional Housing (Shelter) <input type="checkbox"/> Other _____	

Disability Related Income

Are you or anyone in your household currently receiving, or in the last six (6) months has received Supplemental Security Income (SSI):		<input type="checkbox"/> Yes - applicant	<input type="checkbox"/> Yes- Household
		<input type="checkbox"/> No	<input type="checkbox"/> Decline to answer
Are you currently receiving or in the last six (6) months have you received Social Security Disability Insurance (SSDI):		<input type="checkbox"/> Yes - applicant	<input type="checkbox"/> Decline to answer
		<input type="checkbox"/> No	<input type="checkbox"/> Decline to answer
Are you currently a Ticket to Work Holder issued by the Social Security Administration:		<input type="checkbox"/> Yes - applicant	<input type="checkbox"/> Decline to answer
		<input type="checkbox"/> No	<input type="checkbox"/> Decline to answer
Have you received services from a State Development Disabilities Agency (SSDA):		<input type="checkbox"/> Yes - applicant	<input type="checkbox"/> Decline to answer
		<input type="checkbox"/> No	<input type="checkbox"/> Decline to answer
Have you received services from a Home & Community Based Service Provider under a state Medicaid (HCBS):		<input type="checkbox"/> Yes - applicant	<input type="checkbox"/> Decline to answer
		<input type="checkbox"/> No	<input type="checkbox"/> Decline to answer
Please check the applicable Disability Working Setting (CIE):		Type of employment services received (if any):	
<input type="checkbox"/> Competitive integrated employment		<input type="checkbox"/> Discovery assessment services	
<input type="checkbox"/> Individual supported employment		<input type="checkbox"/> Developed a customized employment search plan	
<input type="checkbox"/> Group supported employment		<input type="checkbox"/> Employer negotiation services	
<input type="checkbox"/> Sheltered workshop		<input type="checkbox"/> Scored employment as a result of receiving customized employment services and received supportive services	
<input type="checkbox"/> Combination of two (2) or more of the above		<input type="checkbox"/> N/A	
<input type="checkbox"/> Not Employed			
<input type="checkbox"/> N/A			
Section 504 plan (if applicable):		Received Services from Vocational Rehab:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

The following information will assist VYCC determine referrals for programs that are available to individuals with disabilities. Please check all that apply:

Do you have a disability?	Disability Category (check all that apply):
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/ Mobility Impairment
	<input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-related disability
	<input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disability
	<input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Decline to Answer
	<input type="checkbox"/> Lack of adequate child care <input type="checkbox"/> N/A

Disabled Veterans ONLY

Disabled Veteran:	Disability Percentage:
<input type="checkbox"/> Yes - Disabled	<input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%
<input type="checkbox"/> Yes - Special Disabled 30% or higher	<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
<input type="checkbox"/> No	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer
<input type="checkbox"/> Decline to answer	

MILITARY SERVICE

Last Name: _____ First Name: _____ Middle Initial _____

Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse/dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you served in a National Guard or Reserve unit and called on Title 10 U.S.C. activation? <input type="checkbox"/> Yes, I am currently serving <input type="checkbox"/> Yes, I have previously served <input type="checkbox"/> No	
Are you the spouse of a veteran who has a total service connected disability, is Missing In Action (MIA), captured in the line of duty by a hostile force, is Prisoner of War (POW) or who died from a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you within 24 months of retirement from the military (Transitioning Service Member)? <input type="checkbox"/> Yes - Estimated Discharge Date: _____ <input type="checkbox"/> No
Are you within 12 months of discharge from the military (Transitioning Service Member)? <input type="checkbox"/> Yes - Estimated Discharge Date: _____ <input type="checkbox"/> No	Did you serve more than one tour of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Service Entry Date: _____ Military Service Exit Date: _____	Campaign Badge: <input type="checkbox"/> Vietnam-Era <input type="checkbox"/> Gulf War <input type="checkbox"/> OEF/OIF
Discharged from service: <input type="checkbox"/> Less Than 48 Months <input type="checkbox"/> More Than 48 Months	Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> ARNG <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines
Most Resent Character of Service: <input type="checkbox"/> Honorable <input type="checkbox"/> Under honorable conditions (General) <input type="checkbox"/> Under other than honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Other: _____	Currently Active in the Military Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you received Vocational Rehab? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in the Homeless Veteran Reintegration Program (HVRP)? <input type="checkbox"/> Yes; if yes, which one? _____ <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Within the last 12 months, have you been without a paycheck for 27 or more weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attended a Transition Assistance Program (TAP) workshop within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROGRAM ENROLLMENT AGREEMENT

Veterans & Youth Career Collaborative (VYCC) is a veteran founded and veteran operated approved 501 (c)(3) non-profit authorized organization. VYCC is a career resource center for military veterans and youth that offers services ranging from: vocational training at no cost to the veteran, resume building assistance, job search assistance, and referrals to community partners that offer housing assistance, healthcare assistance, and other services to individuals that qualify.

In order to better assist you with your individualized employment plan, we ask that you understand the following agreement:

	Initial
I agree to contact my assigned employment services specialist every two weeks until I obtain gainful employment.	
I agree to actively seek employment, report job-seeking efforts, and verify employment status when and if changes occur.	
I agree to call the employment services specialist, if I have a problem that makes it difficult to keep an appointment, or if I wish to discuss/change an activity.	
I agree to notify my employment services specialist when I become employed and I agree to provide employment information, including but not limited to, copies of personal pay subs, W2s, or federal 1099 forms. Furthermore, VYCC will verify employment information such as company name, job title, salary, start date of employment and/or end date of employment, etc. I also understand that in order for VYCC to obtain employment retention information, VYCC may have follow-up contact with me for up to one (1) year after my case has been inactivated	
I also agree to providing training information. Upon participating in a training activity, either on my own or through VYCC, I agree to provide training information, including but not limited to: copies of attendance, transcripts, registration/enrollment, certificate of completion, financial aid records, such as, Pell awards and other scholarships. VYCC may verify information such as training provider name, address and contact persons, training amount, program name, and dates of attendance.	
I understand that VYCC does not provide entitlement programs and that financial assistance is contingent upon the availability of funding.	
I understand that I am responsible for keeping my assigned employment services specialist informed of my progress and needs.	
I understand that a lack of commitment, participation or follow through may result in my termination from the employment services program.	
I also certify that the information provided in this form is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights within programs administered by Veterans & Youth Career Collaborative (VYCC). I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for programs administered by VYCC. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.	

By signing below, I certify that I have read and understand the terms and information listed above.

Participant Signature: _____ **Date:** _____