

Participant name: _____

WASC BASELINE INFORMATION FORM

FOR STAFF USE ONLY

A. Today's Date: ____/____/____ (mm/dd/yyyy)	B. Location: <input type="checkbox"/> 1 Bridgeport <input type="checkbox"/> 2 Dayton <input type="checkbox"/> 3 San Diego <input type="checkbox"/> 4 Fort Worth	C. RA Results: Research Group Status: <input type="checkbox"/> 1 WASC Program Group <input type="checkbox"/> 2 Current Services Group	D. IS THIS RANDOM ASSIGNMENT BEING DONE ON LOCATION, AT THE CUSTOMER'S PLACE OF EMPLOYMENT (E.G. IN THE BUILDING OR PARKING LOT)? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No 1. NAME OF EMPLOYER:
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ELIGIBILITY SCREENING QUESTIONS

1. Are you employed and working legally in the U.S.? 1 Yes 2 No

2. FOLLOW INSTRUCTIONS FROM STAFF TO COMPLETE THIS SECTION.
Within the past 2 years, have you:

a. Been certified as a dislocated worker or enrolled in a dislocated worker program?
 1 Yes 2 No 3 No answer

b. Been laid off, and is unlikely to return to a previous industry or occupation?
 1 Yes 2 No 3 No answer

c. Been laid off as part of a plant closure or other mass layoff?
 1 Yes 2 No 3 No answer

d. Been self-employed, but then suffered a business failure because of local economic conditions or a natural disaster?
 1 Yes 2 No 3 No answer

e. Been dependent on the income of a family member, but that income is no longer available?
 1 Yes 2 No 3 No answer

3. If you were laid off or lost a self-employment job: Compared with your pre-layoff job, would you say that at your current job(s) your earnings are: <input type="checkbox"/> 1 A lot less money <input type="checkbox"/> 4 More <input type="checkbox"/> 2 Somewhat less money <input type="checkbox"/> 5 Don't know <input type="checkbox"/> 3 About the same <input type="checkbox"/> 6 No answer	4. Date of Birth: ____/____/____ (mm/dd/yyyy)	5. Gender: <input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Male <input type="checkbox"/> 3 No answer
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Where do you live? <input type="checkbox"/> 1 Mexico <input type="checkbox"/> 2 United States <input type="checkbox"/> 3 Other	7. What zip code do you live in? Write the zip code on the line below. _____	8. [MARK NO ANSWER IF YOU WERE BORN BEFORE JANUARY 1, 1960 OR ARE FEMALE.] Did you register with the Selective Service? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No answer 8a. If not, were you exempt from registering with the Selective Service? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No answer
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How many jobs are you currently working?
 1 One 2 Two 3 Three 4 Four or more

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10. Please provide the following information on your current job. [IF YOU ARE CURRENTLY WORKING AT TWO OR MORE JOBS, PLEASE PROVIDE INFORMATION ABOUT THE JOB AT THIS EMPLOYER.]

- a. Start Date: _____ (mm)/ _____ (yyyy)
 b. Number of hours per week (including overtime): _____

[IF YOU DON'T KNOW THE EXACT HOURS PLEASE MARK ONE RANGE OF HOURS BELOW]

- | | |
|---|--|
| <input type="checkbox"/> 1-20 hours per week | <input type="checkbox"/> 49-60 hours per week |
| <input type="checkbox"/> 21-34 hours per week | <input type="checkbox"/> 61-72 hours per week |
| <input type="checkbox"/> 35-48 hours per week | <input type="checkbox"/> 73 or more hours per week |

c. How much do you earn before taxes?

- | |
|--|
| <input type="checkbox"/> hour |
| <input type="checkbox"/> day _____ Number of days per week |
| \$ _____ . _____ per <input type="checkbox"/> week |
| <input type="checkbox"/> every two weeks |
| <input type="checkbox"/> twice a month |
| <input type="checkbox"/> month |
| <input type="checkbox"/> year |

d. Is your schedule pretty much the same every week or does it vary?

- Same Varies No answer

11. [MARK NO ANSWER IF YOU WORK ONLY ONE JOB.]

a. Including all jobs, how many hours per week do you work?

[IF YOU DON'T KNOW THE EXACT HOURS PLEASE MARK ONE RANGE OF HOUR BELOW]

- | |
|--|
| <input type="checkbox"/> 1-20 hours per week |
| <input type="checkbox"/> 21-34 hours per week |
| <input type="checkbox"/> 35-48 hours per week |
| <input type="checkbox"/> 49-60 hours per week |
| <input type="checkbox"/> 61-72 hours per week |
| <input type="checkbox"/> 73 or more hours per week |
| <input type="checkbox"/> No answer |

b. What is the highest hourly wage of all your jobs?

\$ _____

No answer

12. Including yourself, how many people are in your immediate family and living in your home?

[FOR THIS QUESTION, PAY CLOSE ATTENTION TO THE INSTRUCTIONS PROVIDED BY STAFF!]

13. Including your own income, approximately how much is your total family income per month before taxes?

[FOR THIS QUESTION, PAY CLOSE ATTENTION TO THE INSTRUCTIONS PROVIDED BY STAFF!]

\$ _____

14. Are you, a spouse, or a partner who lives with you currently on a welfare/TANF case (Jobs First, OWF, CalWORKs)?"

- Yes
 No

15. Social Security Number:

_____ - _____ - _____

INFORMED CONSENT

16. Did you sign the Informed Consent/Agreement to Participate form?

- Yes No

WASC BASELINE INFORMATION FORM**BASELINE INFORMATION FORM QUESTIONS**

17. First Name: _____ Middle Initial: _____
Last Name: _____

18. Marital Status:

- 1 Single, never married
2 Married and living with spouse
3 Married but living apart from spouse
4 Legally separated
5 Divorced
6 Widowed
7 No answer

19. Are you currently living with a partner (spouse/boyfriend/girlfriend)?

- 1 Yes
2 No
3 No Answer

20. Is your live-in partner or spouse employed?

- 1 Yes
2 No
3 No answer

21. Race: Do you consider yourself to be:**a. White?**

- 1 Yes 2 No 3 No Answer

b. Latino/Hispanic/Spanish?

- 1 Yes 2 No 3 No Answer

[IF **YES** MARK ALL THAT APPLY]

- a Mexican, Mexican American, Chicano?
b Cuban?
c Puerto Rican?
d Dominican?
e Salvadoran?
f Colombian?
g Other (not listed) Spanish/Hispanic/Latino?

[PLEASE SPECIFY]: _____

h No answer

c. Black or African American?

- 1 Yes 2 No 3 No Answer

d. Asian or Pacific Islander?

- 1 Yes 2 No 3 No Answer

[IF **YES** MARK ALL THAT APPLY.]

- a Chinese?
b Filipino?
c Indian?
d Vietnamese?
e Korean?
f Other (not listed) Asian or Pacific Islander?

[PLEASE SPECIFY]: _____

g No answer

e. American Indian or Alaska Native?

- 1 Yes 2 No 3 No Answer

f. Some other race?

- 1 Yes [PLEASE PRINT RACE]: _____

- 2 No
3 No Answer

22. Are you a citizen of the United States?

- 1 Yes, born in the United States, Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas, or born abroad of American parent or parents
2 Yes, a U.S. citizen by naturalization
3 No, not a citizen of the United States
4 No answer

23. In what country were you born?

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> Mexico | 7 <input type="checkbox"/> Korea | 13 <input type="checkbox"/> Haiti |
| 2 <input type="checkbox"/> China | 8 <input type="checkbox"/> El Salvador | 14 <input type="checkbox"/> Russia |
| 3 <input type="checkbox"/> Philippines | 9 <input type="checkbox"/> Dominican Republic | 15 <input type="checkbox"/> Ecuador |
| 4 <input type="checkbox"/> India | 10 <input type="checkbox"/> Jamaican | 16 <input type="checkbox"/> Other (not listed) [PLEASE SPECIFY] |
| 5 <input type="checkbox"/> Vietnam | 11 <input type="checkbox"/> Columbia | 17 <input type="checkbox"/> No answer |
| 6 <input type="checkbox"/> Cuba | 12 <input type="checkbox"/> Guatemala | |

24. Which languages do you speak well? [PLEASE MARK ALL THAT APPLY.]

- | | | |
|-------------------------------------|--|---|
| a <input type="checkbox"/> English | e <input type="checkbox"/> Vietnamese | i <input type="checkbox"/> Mon-Khmer, Cambodian |
| b <input type="checkbox"/> Spanish | f <input type="checkbox"/> Russian | j <input type="checkbox"/> Laotian |
| c <input type="checkbox"/> Chinese | g <input type="checkbox"/> Korean | k <input type="checkbox"/> Other (not listed) [PLEASE SPECIFY]: _____ |
| d <input type="checkbox"/> Tagalong | h <input type="checkbox"/> Miao, Hmong | l <input type="checkbox"/> No answer |

WASC BASELINE INFORMATION FORM**25. What is the highest level of education that you have completed? [PLEASE MARK ONE]**

- Grade 9 or less
 Grade 10 or Grade 11
 Completed 12th grade, but did not receive a GED or high school diploma
 GED
 High School Diploma
- Some College or Advanced Training Certificate
 Associate's Degree
 Four-year College Degree or Higher
 No answer

26. How did you hear about the WASC program? [MARK ALL THAT APPLY.]

- Friend or family member
 Advertisement (Radio, TV, Sign, Newsprint, Internet, flyer)
 Community, church, or religious organization
 Other government agency or social service organization
 Employer
- Heard about it for the first time here in this building today
 Direct marketing (phone call, email, letter, or postcard)
 Open house
 Education or training provider
 No answer

27. Do you have a valid driver's license?

- Yes No No answer

28. Do you have access to a car that you could drive to get to work?

- Yes No No answer

29. What fringe benefits does your employer provide? [IF WORKING AT TWO OR MORE JOBS, ANSWER FOR THIS EMPLOYER.]

a. Time off with pay (for vacation, sickness, paid holidays, or personal days)

- Yes No Don't know No answer

b. Health plan or medical insurance, including any offered at a cost to you

- Yes Don't know
 No No answer

c. Dental benefits, including, any offered at a cost to you

- Yes No Don't know No answer

d. A retirement plan

- Yes No Don't know No answer

e. Other (not listed)

- Yes [PLEASE SPECIFY]: _____ Don't know
 No No answer

30. [MARK NO ANSWER IF YOU ANSWERED NO, DON'T KNOW, OR NO ANSWER TO THIS EMPLOYER PROVIDING A HEALTH PLAN OR MEDICAL INSURANCE.] Are you enrolled in the health or medical insurance plan your employer provides?

- Yes Don't know
 No No answer

31. Are you currently receiving help in finding a new or additional job from a temp agency or other company, a government agency, school, or other organization?

- Yes No No answer

WASC BASELINE INFORMATION FORM

32. Are you currently enrolled in any of the following education or training programs?

a. English as a Second Language (ESL)
Degree

Yes No No answer

b. Adult Basic Education (ABE)
Degree

Yes No No answer

c. High School / General Educational Development (GED)
preparation course

Yes No No answer

d. Vocational Education

Yes No No answer

e. College courses toward an Associate's or Two-Year Degree

Yes No No answer

f. College courses toward a Bachelor's or Four-Year Degree

Yes No No answer

g. Other (not listed)

Yes [PLEASE SPECIFY] _____

No

No answer

33. Do you have a physical or mental health condition that limits the kind or amount of work you can do?

Yes
 No
 No answer

34. For how many children under age 19 are you a primary provider or primary caregiver? [IF YOU HAVE NO CHILDREN UNDER AGE 19, PLEASE MARK ZERO.]

Zero Five Ten
 One Six Eleven
 Two Seven Twelve
 Three Eight Thirteen or more
 Four Nine No answer

35. How old is your youngest child (years)?

Less than one year Four Eight Twelve Sixteen
 One Five Nine Thirteen Seventeen
 Two Six Ten Fourteen Eighteen
 Three Seven Eleven Fifteen No answer

36. I'd like to ask you a few questions about your household. Do you:

Live in a group shelter? Own your home?
 Live with family or friends and not pay rent? Live in some other housing arrangement?
 Live with family or friends and contribute part of the rent? [PLEASE SPECIFY]: _____
 Rent your home/room? No answer

37. Do you live in public housing (i.e., housing owned by the Housing Authority or the Housing Commission)?

Yes
 No
 No answer

38. Does your household receive Section 8 rental assistance? (This voucher program lets you choose where you live and, if the landlord agrees, the Housing Authority or the Housing Commission or other city rental assistance program will pay part of your rent.)

Yes No No answer

39. Does your household pay a reduced rent because it meets low-income eligibility requirements?

Yes No No answer

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<p>40. Are you currently receiving any of the following kinds of publicly funded assistance?</p> <p>a. Food stamps <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>b. Medical insurance for yourself (HUSKY, Healthy Families (Dayton), Medi-Cal, Medicaid) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>c. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19] Medical insurance for your children (HUSKY, Healthy Start, Healthy Families (San Diego), CHIP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>d. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19] Child Support Payments <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>e. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19] Child care subsidy (that is, child care assistance paid by the government or another agency) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>f. Other <input type="checkbox"/> Yes [PLEASE SPECIFY]: _____ <input type="checkbox"/> No <input type="checkbox"/> No answer</p>	<p>41. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19] Are all, some, or none of your children covered by any health insurance plan?</p> <p><input type="checkbox"/> All <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> No answer</p>
<p>44. The federal government has a special tax credit that allows working people who make less than about \$35,000 a year to pay lower income taxes. It's called the Earned Income Tax Credit or EITC. Have you ever heard of that credit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p>	<p>42. [MARK NO ANSWER YOU RECEIVE EMPLOYER-PROVIDED OR PUBLICLY-FUNDED MEDICAL INSURANCE.] Are you covered by a health insurance plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p>
<p>47. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19.] Did you use the Child Tax Credit on your most recent federal tax return?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p>	<p>43. In the past 12 months, have you filed a federal tax return or had one prepared for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p>
<p>45. Did you or the person who filled out your return use the Earned Income Tax Credit on your most recent federal tax return?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No answer</p>	<p>46. [MARK NO ANSWER IF YOU HAVE NO CHILDREN UNDER AGE 19.] Have you ever heard of the Child Tax Credit, which is available to working families?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer</p> <p>50. How well do you speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all</p>

WASC CONTACT SHEET

SSN: _____

CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address, Telephone Number(s):

Street: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): () - (home)

() - (work)

() - (cell)

Email address: _____@_____

Please provide the names and telephone numbers of two family members or friends who will know how to reach you if you should move.

Contact #1:

First Name: _____ Last Name: _____

Relationship to you: _____

Telephone Number(s): () - (home)

() - (work)

() - (cell)

Email address: _____@_____

Contact #2:

First Name: _____ Last Name: _____

Relationship to you: _____

Telephone Number(s): () - (home)

() - (work)

() - (cell)

Email address: _____@_____



EMPLOYER INFORMATION FORM

Please complete
(to be given to Coach)

WIA Appt.: _____

Name/Nombre: _____

Job Title:/Ocupación: _____

Employer:/Compañía _____

Employer Address:/Domicilio de Empresa: _____

Employer City, State:/Ciudad,Edo. _____ **Employer Zip:/Codigo Postal** _____

Work Phone/Teléfono Trabajo: _____ **Hourly Wage:/Sueldo p/hora** _____

Hours per Week:/Horas a la semana: _____

SOUTH COUNTY CAREER CENTER

CUSTOMER SUSPENSION POLICY ACKNOWLEDGEMENT FORM

Failure to comply with the following rules may result in the suspension of privileges of Career Center Network services.

Any one of the following behaviors or incidents is grounds for immediate suspension of customer privileges from Career Center Network services. The behaviors include, but are not limited to:

- A zero tolerance policy on any violence or threats of violence. Threats are defined as direct or implied expressions of intent to inflict physical harm and/or actions that a reasonable person would perceive as a threat to physical safety or property. All threats will be taken seriously. They are not acceptable even in a joking manner;
- Possession of a weapon or explosives;
- Theft, removal, destruction, or unlawful possession of center property or personal belongings of staff, customers, or visitors;
- Improper conduct which leads to personal injury or damage of property;
- Violation or disregard for safety and fire policies;
- Fighting, brawling, or improper, lewd, or indecent conduct;
- Under the influence or use of illegal drugs or other controlled substances;
- Sexual harassment or harassment on the basis of race, color, religion, gender, national origin, age, veteran status, marital status, medical condition or disability are strictly prohibited.

Harassment is defined as verbal, physical or visual conduct of a discriminatory manner towards employees or customers. Sexual Harassment is defined as unsolicited and unwelcome sexual advances, request for sexual favors and other verbal, physical or visual conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex.

In addition, any one of the following behaviors or incidents is grounds for suspension of customer privileges from Career Center Network services after a warning is given.

- Unauthorized use of telephones, faxes, computers, or other center equipment;
- Tobacco use in unauthorized areas;
- Disruptive conduct towards staff, customers, or visitors;
- Inappropriate or otherwise unruly behavior;
- Under the influence or use of alcohol.

The Career Center Network may add to this list, as needed. Every effort will be made by the One-Stop operator and partners to resolve any issues with customers prior to suspending privileges.

I have read, and agree to comply with, the above stated rules of the SOUTH COUNTY CAREER CENTER.

Signature _____ Date _____