

If not employed, when was the last time you or anyone who lives with you worked?

Who: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_

Why did you (or they) stop working? \_\_\_\_\_

Did you or anyone living with you file for unemployment?	Yes	No

If yes, who? \_\_\_\_\_ When?: \_\_\_\_\_

Status of filing:    Approved    Denied    Pending

Are you or is anyone who lives with you participating in a strike?	Yes	No
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Who: \_\_\_\_\_

When the strike began: \_\_\_\_\_

Are you or is anyone who lives with you a migrant or seasonal farm worker?	Yes	No
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Who: \_\_\_\_\_

Do you or any other adult who lives with you have any medical conditions that limit the ability to work or the type of work that can be performed?    Yes      No

Who: \_\_\_\_\_

Describe Limitations: \_\_\_\_\_

	Yes	No
Could you accept a job today?		

If not, why? \_\_\_\_\_

What type of work would you like to do? \_\_\_\_\_

**CHILD/DEPENDENT CARE EXPENSES**[illegible]

SECTION 18 – EDUCATION/TRAINING

What is your highest level of education completed?  
\_\_\_ Less than high school diploma  
    If so, last grade completed? \_\_\_\_  
\_\_\_ Completion of an Individualized Education Plan (IEP)  
\_\_\_ High school diploma or General Equivalency Diploma (GED) or Test Assessing Secondary Completion (TASC™)  
\_\_\_ Associate’s Degree (2-year college degree)  
\_\_\_ Bachelor’s Degree (4-year college degree) or higher

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Does anyone else in the household have a high school diploma, General Equivalency Diploma (GED) or Test Assessing Secondary Completion (TASC™), or higher level of education?  

Yes      No

  
If yes, who: \_\_\_\_  
Degree attained: \_\_\_\_  
Date completed: \_\_\_\_

2

Indicate if you or anyone who lives with you who is applying for or getting assistance:

Is or has been in any training program?  

Yes      No

  
Who \_\_\_\_  
Where \_\_\_\_  
Program \_\_\_\_  
Dates attended \_\_\_\_  
Dates completed \_\_\_\_

3

Is 16 years of age or older and is attending school or college?  

Yes      No

  
Who \_\_\_\_  
Where \_\_\_\_

4

Is under 16 years of age and is attending school?  

Yes      No

  
Who \_\_\_\_  
School \_\_\_\_  
Who \_\_\_\_  
School \_\_\_\_

Who \_\_\_\_  
School \_\_\_\_  
Who \_\_\_\_  
School \_\_\_\_

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REQUESTED	DOCUMENTATION	IN FILE
	School Attendance Verification (LDSS-3708)	
	Educational Grant Worksheet	
	Child Care Statement	

NEEDED	REFERRALS	COMPLETED
	Supportive Services	

CONSIDER	YES	NO
Does anyone 18 through 49 who is attending college half-time or more meet the SNAP student eligibility requirement?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone pay for child or dependent care to attend school or training?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a 16-19 year-old parent who does not have a high school or equivalency diploma and who is not attending school?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in training?	<input type="checkbox"/>	<input type="checkbox"/>
Are any other supportive services appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any training related expenses?	<input type="checkbox"/>	<input type="checkbox"/>