

# INFORMATION SHEET

## Youth EmployAbility Services

(Please Print Clearly)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ or Alt. Phone #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ How old are you today? \_\_\_\_ Birth Date: \_\_\_\_\_

Have you been in the YES Program before?  YES  NO

Where did you hear about our program? (Check all that apply.)

DWS  Youth Services  School \_\_\_\_\_  YES Participant \_\_\_\_\_  
 DCFS  Youth Corrections (JJS)  Fair \_\_\_\_\_  Other \_\_\_\_\_

How many family members related by blood or marriage live in your household? \_\_\_\_\_

How many dependents do you have who are ages 18 and younger? \_\_\_\_\_

What is the approximate total household earned income of those family members? \$ \_\_\_\_\_ Per month

If you are over 18 and male are you registered with Selective Service?  YES  NO

Are you a United States Citizen?  YES  NO If "NO" Alien Registration #: \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  Asian  Black  White  Pacific Islander  Hispanic/Latino  
 Native American  Other: \_\_\_\_\_

Do you have a disability or health problem that prevents you from getting a job?  YES  NO

Are you homeless?  YES  NO If "YES" do you live in a shelter?  YES  NO

Are you a dislocated worker?  YES  NO

Does your family receive any of the following?  Food Stamps  TANF/FEP Financial Assistance

Are you currently enrolled in school?  YES  NO

If NO, last grade completed in school: \_\_\_\_\_ Are you interested in a GED or Diploma?  YES  NO

If YES, what grade are you in? \_\_\_\_\_ What school are you attending? \_\_\_\_\_

What kind of career are you interested in pursuing? \_\_\_\_\_

Which of these apply to you? (Check all that apply)

Pregnant or Parenting  Have HS Diploma/GED  Runaway  Offender (Past or Current)  
 Basic Skills Deficient  Lack Job Experience  Migrant Youth Services  Have an incarcerated parent  
 Behavior problems in school  Family Illiteracy  Victim/Witness of Abuse  Substance abuse problems  
 Limited English  Chronic Health Problems/Disabilities  
 In Foster Care until age 18  Current Foster Child DCFS Case worker/ Parole officer's name: \_\_\_\_\_

Do you need assistance to go to school or get and keep a job?  YES  NO

Are you one or more grade levels below your age in reading, writing or math?  YES  NO

### SALT LAKE COUNTY

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### TOOELE COUNTY

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