

Youth Addendum

Youth's Name: _____

Last 4 of Social #: _____

	Yes	No		Yes	No
<i>Are you attending school?</i>			<i>Are you an English Language Learner?</i>		
<i>Compulsory School attendance (14-17yrs)? (If yes, recent date of attendance below)</i> _____			<i>Have you previously or currently been in the juvenile or adult justice system?</i>		
<i>Are you a High School graduate/equivalent?</i>			<i>Are you a Migrant Season Farm Worker?</i>		
<i>Are you a High School Drop out?</i>			<i>Are you pregnant or parenting?</i>		
<i>Basic Skills Deficient (BSD)?</i>			<i>Are you homeless and/or a runaway?</i>		
<i>Youth with a disability?</i>			<i>Are you in out-of-home placement?</i>		
<i>Are you a current or aged out of foster care youth?</i>			<i>Do you live in a high poverty area/zip code?</i> _____		
<i>If a foster youth, are you eligible under section 477 of the social security act?</i>			<i>Are you facing individual substantial cultural barriers?</i>		

Work History (Most recent job held)

Employer Name: _____ Job Title: _____ Hourly Wage: _____
 Start date: _____ End date: _____ (If currently employed, leave end date blank)
 Are you receiving unemployment compensation? Yes No

Family Information (includes parents/guardians and dependents)

Family Size (including yourself): _____

List family information below:

	Relationship to Youth	Income	Source of income
1.	Self		
2.			
3.			
4.			
5.			
6.			

Are you receiving?

	Yes	No
<i>Refugee Assistance</i>		
<i>CalFresh/SNAP</i>		
<i>General Assistance</i>		
<i>TANF</i>		

Total Family Income (past 6 months): _____

Youth needs additional assistance (if yes, check the box(s) that apply below, or N/A):

Not Applicable (N/A)

Never worked/limited work history

Incarcerated parent

Victim of abuse and documented by school staff or qualified professional

Emancipated youth

Fired from a job within the past 12months

Emotional/Medical or Psychological problem documented by a qualified professional

Meets Governors special barriers to employment

Repeated at least one secondary grade level

Other:

GPA less than 1.5

Referred to or being treated by an agency for substance abuse

Gang affiliated

By signing below, I acknowledge that I have received copies of Code of Conduct, Grievance, Non-discrimination & Equal Opportunity Complaint Procedures, and Release of Information. I also understand the information contained on this form and certify under penalty of perjury that all the above information is true and complete. All information is subject to verification. Falsification of any item is grounds for termination from the Workforce Innovation Opportunity Act Program and may result in action to recover any money paid while participation.

Youth Signature: _____

Parent/Guardian (if under 18yrs) Signature: _____

Date: _____

Case Manager Signature: _____

Agency Name: _____

Date: _____