



2012 Youth Pre-Screen Form

Today's Date: _____

CONTACT INFORMATION					
Name:			SSN:		
Street Address City ST, Zip			Date of Birth:		Age:
County of residence: <input type="checkbox"/> Manatee <input type="checkbox"/> Sarasota					
Phone #:	()	Other Phone #:	()		
E-Mail Address:					

ELIGIBILITY CRITERIA																				
<p>Does your annualized family income meet the 2011 guidelines noted below? ANNUALIZED FAMILY INCOME = GROSS INCOME RECEIVED BY EACH FAMILY MEMBER DURING THE LAST 6 MONTHS MULTIPLIED BY 2. THIS AMOUNT CANNOT EXCEED THE INCOME LISTED BELOW FOR YOUR FAMILY SIZE.</p> <table border="1"> <thead> <tr> <th>Family Size</th> <th>Annualized Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>10,890</td></tr> <tr><td>2</td><td>14,710</td></tr> <tr><td>3</td><td>18,530</td></tr> <tr><td>4</td><td>22,350</td></tr> <tr><td>5</td><td>26,170</td></tr> <tr><td>6</td><td>29,990</td></tr> <tr><td>7</td><td>33,810</td></tr> <tr><td>8</td><td>37,630</td></tr> </tbody> </table>	Family Size	Annualized Income	1	10,890	2	14,710	3	18,530	4	22,350	5	26,170	6	29,990	7	33,810	8	37,630	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Size	Annualized Income																			
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Are you currently receiving Cash Assistance also known as TANF (Temporary Assistance for Needy Families)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you currently receiving SSI (Supplemental Security Income)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you a member of a family receiving Cash Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you currently receiving or residing in a household receiving Food Stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
If not currently receiving Food Stamps, have you been determined eligible or lived in household determined eligible for Food Stamps within the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you currently homeless? Homeless is defined as an individual who lacks a fixed, regular adequate nighttime residence; and any individual who has a primary nighttime residence that is a public or private operated shelter for temporary accommodations; an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not designated for ordinarily used as a regular sleeping accommodation for human beings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you currently a foster child on behalf of whom state or local government payments are made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you an individual that has a substantial disability that can be documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Do any of the following barriers apply to your current situation? Check all that apply.																				
<input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> School Dropout <input type="checkbox"/> Homeless, Runaway, Foster Youth <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Offender <input type="checkbox"/> Other Barrier																				

FOR OFFICE USE ONLY	
Parent/Legal Guardian Signature required: <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: Mandatory for applicants under 18 yrs. Of age)	
Scheduled Appointment Date: ____/____/____ Time: ____AM/PM	
Appointment Location: Suncoast Workforce Office: <input type="checkbox"/> Bradenton <input type="checkbox"/> Sarasota <input type="checkbox"/> Venice <input type="checkbox"/> Other _____	
WIA Youth Counselor Signature _____	Date: _____