

**Southeast Nebraska Community Action Partnership, Inc. (SENCA)**

**Job Skills Application Form**

<b>Last Name:</b> _____		<b>First Name:</b> _____	
<b>Street:</b> _____		<b>City, State:</b> _____	
<b>Social Security No:</b> _____		<b>Phone:</b> _____	
<b>Household Information:</b>		<b>Number Adults:</b> _____	
		<b>Number Children:</b> _____	
Household type ( <i>Check one</i> ):			
<input type="checkbox"/> Couple with No Children		<input type="checkbox"/> Grandparent(s) & Child	
<input type="checkbox"/> Two Parent Family		<input type="checkbox"/> Single Male Parent	
<input type="checkbox"/> Single Person		<input type="checkbox"/> Couple (Parent & Friend) with Child(ren)	
		<input type="checkbox"/> Single Female Parent	
		<input type="checkbox"/> Foster Parent	
		<input type="checkbox"/> Other	
<b>Applicant:</b>			
<b>Date of Birth:</b> (mm/dd/yyyy): _____/_____/_____			<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
			Month    Day    Year
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (Non-Hispanic/Latino) <input type="checkbox"/> Refused			
<b>Race:</b>			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> White		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Refused		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Multi-Racial (please list) _____			
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
<b>Applicant Education:</b> <b>Have you ever had an Individual Education Plan(IEP)</b> Yes _____ No _____			
<b>Highest Level of Education Attained:</b>			
<input type="checkbox"/> K-8 <sup>th</sup> Grade		<input type="checkbox"/> Some High School	
<input type="checkbox"/> High School Diploma		<input type="checkbox"/> GED	
<input type="checkbox"/> Some Technical School		<input type="checkbox"/> No School completed	
<input type="checkbox"/> 10 <sup>th</sup> Grade		<input type="checkbox"/> College Degree	
<input type="checkbox"/> 11 <sup>th</sup> Grade		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> 12 <sup>th</sup> Grade		<input type="checkbox"/> Graduate Degree	
		<input type="checkbox"/> 9 <sup>th</sup> Grade	
		<input type="checkbox"/> 12 <sup>th</sup> Grade, no diploma	
<b>Medical Insurance Status:</b>			
<input type="checkbox"/> None (Self Pay)		<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare & Medicaid		<input type="checkbox"/> Medicare	
<input type="checkbox"/> Medicaid Share of Cost		<input type="checkbox"/> VA Benefits	
		<input type="checkbox"/> General Assistance	
		<input type="checkbox"/> Private Insurance	
		<input type="checkbox"/> Private & Medicaid	
		<input type="checkbox"/> Native American Health	
Are you a U.S. military veteran who served in active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Do you have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
If yes what is Disability? _____, Of long duration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to disability condition, are you currently receiving services or treatment for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Domestic Violence Victim/Survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No    *Do you Receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Household Income:**

<b>Enter total monthly income for all members of your household.</b>		
\$ _____ A Veteran's Disability Payment	\$ _____ Pension from former Job	\$ _____ SSA
\$ _____ AABD	\$ _____ Pension/Retirement	\$ _____ SSDI
\$ _____ Alimony or Spousal Support	\$ _____ Private Disability Insurance	\$ _____ SSI
\$ _____ Child Support	\$ _____ Railroad Retirement	\$ _____ Stipend
\$ _____ Contributions from Other People	\$ _____ Rental Income	\$ _____ TANF
\$ _____ Earned Income(Earned from Job)	\$ _____ Retirement Disability	\$ _____ Unemployment
\$ _____ No Financial Resources	\$ _____ Retirement income from Social Security	\$ _____ Veteran's Pension
\$ _____ Other	\$ _____ Self Employment Wage	\$ _____ Worker's Compensation
<b>Total Monthly Income:</b> _____		

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Applicants will receive a scholarship for the job skills class if household income is at or below the following guidelines.

Household Size	200% Federal Poverty Level
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940
6	\$74,380

SCC requires criminal background checks on students taking courses that include experience in patient care settings. Could information found during a background check prevent you from completing this course? Please check one:  Yes  No

**NMIS Release of Information**

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete and that all the attachments provided by me, verifying my income, are valid. I understand that this information is utilized to determine eligibility for services for which I am applying. All the information contained on this document is used only for the purpose in accordance with the Privacy Act of 1974. The Social Security Number is used to identify and retrieve service records. This agency does not discriminate on the basis of sex, age, religion, race or national origin.

I understand that my signature authorizes the following:

1. To determine eligibility for services.
2. Release of information to services for which I am eligible
3. Allow information to be entered into the Nebraska Management Information System (NMIS) a statewide database to be shared with other social service agencies in the state.

I understand that I do not have to participate in the NMIS. I understand that I may revoke this authorization at any time, by doing so in writing to the NMIS user agency named above. A revocation of this authorization will be effective except to the extent the entity disclosing the information has taken action relying on this authorization. This authorization will expire **3 Years** from the date I sign it. I understand that revocation or expiration of this authorization will not affect information that has already been entered into the NMIS database in reliance on this authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_