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## Training Services Evaluation Form

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_ **City, State and Zip** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State and Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Race:

- |   |  |
|---|--|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White                           |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Middle Eastern/North African    |
| <input type="checkbox"/> Ethnic Hispanic or Latino      | <input type="checkbox"/> I do not wish to answer         |

Authorization to Work Status:

- Citizen of the U.S. or U.S. Territory
- US Permanent Resident
- Alien/Refugee Lawfully Admitted to US
- None of the above

**Are you the spouse of a veteran who:**

- Died of a service-connected disability
- Has a total disability rating resulting from a service-connected disability or died while such a disability was in existence
- An active-duty service member who, at the time of application, is listed for more than 90 days as missing in action, captured in the line of duty by hostile forces, or forcibly detained or interned in the line of duty by a foreign government or power



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**Are you currently receiving, or in the past six months, have you received:**

- SNAP (formerly known as Food Stamps)
- TANF (Temporary Assistance for Needy Families)
- SSI (Social Security Supplemental Income)

**Based on your family size, do you believe your family is low income?**  Yes  No

**Are you a Single Parent?**  Yes  No

Family Size: \_\_\_\_\_

Estimated gross (before taxes) income for the previous 6 months: \_\_\_\_\_

**Do you have a High School Diploma or GED?**  Yes  No

**If no, are you currently attending GED classes?**  Yes  No

Highest Grade Completed: \_\_\_\_\_

**Are you a Foster Youth or Former Foster Youth, age 23 or younger?**  Yes  No

By checking this box, I acknowledge this is my electronic signature.

Signature

Date