

Right Track Workforce One Information

Congratulations on being placed with Right Track.



Right Track is required to collect informational data about each participant to ensure we are working with young people who are eligible for the program. All of your information will be kept confidential.

Please fill out this document to the best of your knowledge. Any information found to be false will be reviewed and may result in removal of the Right Track program.

First, Middle, & Last Name: _____ (what's on your social security card)

Social Security Number: ____ - ____ - _____ Birthdate: ____/____/____

Registered for Selective Service? ___Yes ___No Veteran: ___Yes ___No

(If you identify as male and are 18 year or older, you must register for Selective Service to participate in Right Track)

DO YOU RECEIVE ANY OF THE FOLLOWING:

TANF/MFIP Recipient: ___Yes ___No Refugee Assistance: ___Yes ___No

SNAP Recipient: ___Yes ___No General Assistance: ___Yes ___No

SSI Recipient: ___Yes ___No

FAMILY STATUS:

Do you live with a parent or a guardian? ___Yes ___No

How many people live in your household? _____

How many parents or guardians live in the household? ___0 ___1 ___2 ___ more than 2

How many people living in the household are under 18 years old? _____

ADDITIONAL QUESTIONS:

Do you have a disability (*Mental, Physical, Emotional*) : ___Yes ___No

If yes, please specify: _____

What is your highest level of education:

___8th Grade ___9th Grade ___10th Grade ___11th Grade ___12th Grade ___Highschool Graduate

___Some College/Trade Courses ___College Freshman ___College Sophomore ___College Junior ___College Senior

Are you a potential school dropout: ___Yes ___No

Are you behind 1 or more grades in school: ___Yes ___No

Are you unsheltered or homeless: ___Yes ___No

Are you in foster care: ___Yes ___No

Are you eligible for free and or reduced school lunch: ___Yes ___No

Are you parent or pregnant: ___Yes ___No

Are you a runaway youth: ___Yes ___No

Are you chemically dependent or recovering from chemical dependency: ___Yes ___No

Are you a child of a person who is chemical dependent or recovering: ___Yes ___No

Are you the child of a person who has been laid off from work: ___Yes ___No

Are you a Juvenile offender: ___Yes ___No

Are you a participant in an diversion program ___Yes ___No

Do you have an individualized education plan: ___Yes ___No

Signature

Today's Date