



Strategic Workforce Initiatives Program Demographic & Eligibility Form

General & Demographic Information			
Legal First Name:		MI:	Last Name:
Address:			Apt. #
City:		Zip Code:	Email:
Last 4 of Social Security Number:			
Primary Phone Number:		Secondary Phone Number:	
Emergency Contact:	Name:		
	Phone Number:	Relationship to you:	
Are You At Least 18 Years of Age: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose			
Race/ Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan/Native
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Hawaiian/Other Pacific Islander
			<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose

Eligibility Verification				
Do you currently live in Baltimore County? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a U.S. citizen or eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Veteran or Military Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been impacted by the collapse of the Francis Scott Key Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you receive any of the following programs? <i>Please check all that apply.</i>				
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Emergency Rental Assistance	<input type="checkbox"/> Temp Disabilities Assistance Program	<input type="checkbox"/> Medical Assistance	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Temporary Cash Assistance (TCA)	<input type="checkbox"/> Emergency Assistance for Families & Children	<input type="checkbox"/> Baltimore Co Supportive Housing Program	
<input type="checkbox"/> None of the above				
Is your total yearly gross household income less than the amount listed below for the number of people in your home?				
1 person - \$42,750	2 people - \$55,669	3 people - \$68,767	4 people - \$81,866	5 people - \$94,964
6 people - \$108,063	7 people - \$110,519	8 people - \$112,975	9 people - \$116,200	10 people - \$126,960
Proof of income must be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Which training program are you interested in? (Select only one)				
<input type="checkbox"/> CDL-A	<input type="checkbox"/> Diesel Technology w/ CDL-A	<input type="checkbox"/> Stick Welding		
Why are you interested in this training program?				

Applicant Signature & Verification	
I hereby declare that the information provided above is true and complete to the best of my knowledge. I also understand that any willful dishonesty may render for refusal of the application or immediate removal from the program.	
Applicant Signature	Date