

APPENDIX B
STUDY REGISTRATION FORM

14. INCLUDING YOURSELF, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)

|_|_| # OF PEOPLE LIVING WITH YOU, INCLUDING YOU

15. Which of the following degrees, diplomas, or certificates have you received?

MARK ALL THAT APPLY

- 1 None
- 2 Elementary, Middle, or Junior High diploma
- 3 High School Diploma
- 4 Adult Basic Education (ABE) certificate
- 5 General Educational Development (GED)
- 6 Vocational/Technical degree or certificate
- 7 Business degree/certificate
- 8 Associates degree (AA)
- 9 Bachelor's degree or equivalent (BA/BS)
- 10 Master's degree or equivalent (MA/MS)
- 11 Doctor's degree (MD, Ph.D.)

- 12 Other professional degree/certificate
- 13 Other (Write in): _____

16. Do you have any health problems—mental, physical, or emotional—or substance abuse problems that limit the kind or amount of work or training that you can do?

- 1 Yes
- 0 No

17. Have you had a job in the past five years?

- 1 Yes
- 0 No → GO TO #24

18. Are you currently working?

- 1 Yes → GO TO #20
- 0 No

19. In what month and year did your last job end?

|_|_| / | 2 | 0 |_|_| → GO TO #20
Month Year

ANSWER QUESTIONS 20-23 ABOUT YOUR CURRENT OR MOST RECENT JOB. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

20. What is the name of your current or former employer?

1 Self-employed

21. What are (or were) your main duties at this company? PLEASE BE SPECIFIC

22. How many hours per week do (or did) you usually work at your main job?

|_|_| HOURS PER WEEK

23. What was your current or most recent rate of pay, before taxes and deductions at your main job?

\$ |_|_|_|, |_|_|_| • |_|_|_| PER
Dollars Cents

(if pay varies, enter an average amount)

MARK ONE BOX

- 1 Hour
- 2 Week
- 3 Every 2 weeks
- 4 Twice per month
- 5 Year
- 6 Other (Write in): _____

24. Do you or anyone in your household currently receive assistance from any of the following programs?

MARK ALL THAT APPLY

- 1 TANF (Cash assistance)
- 2 SSI or SSDI
- 3 General Assistance
- 4 SNAP (Food Stamps)
- 5 Unemployment Compensation
- 6 Other (Write in): _____
- 0 IF NONE, MARK HERE

25. In the past, have you ever used services at this Center or one similar to it?

- 1 Yes
- 0 No

Public Burden Statement

Thank you for completing this form. Please return it to your WIA counselor.

DRAFT