APPENDIX B STUDY REGISTRATION FORM

FOR COUNSELOR USE ONLY:	OMB Control No.: 1205-0482 EGISTRATION FORM Expiration Date: 09/30/2014
Use black or blue ink to complete this form. Make heavy	
Correct Mark	
✓ 🗵 Incorrect Marks	
Please PRINT where applicable. Enter only one number	ner hox 1 9
Tiedee Train where applicable. Einer einy eine flamber	
1. Today's Date: _ / / 2 0 Month Day Year	_ 6. Gender:
2. Name:	1 ☐ Male 2 ☐ Female
First Name MI Lost Name	7. Home Phone Number:
First Name MI Last Name	IF NONE, MARK HERE →
2a. Maiden Name:	() - -
3. Address:	Under whose name is that phone listed? $_1\square$ My own name $_2\square$ Someone else's name (Write in):
Street _Apt. #	First Name Last Name
	8. Cell Phone Number:
City State ZIP Code	IIII IF NONE, MARK HERE → □
4. Date of Birth: _ / / 1 9 _ Month Day Year	_ () - - -
	9. Email Address:
5. Social Security Number:	10. Are you of Hispanic, Latino, or Spanish origin?
_ - -	ı□ Yes ₀□ No
FOR COUNSELOR USE ONLY	11. What is your race?
	MARK ONE OR MORE BOXES
A. LWIA Name:	_ $_1\square$ White $_2\square$ Black or African American
B. Center Name:	₃□ American Indian or Alaska Native - ↓□ Asian
	₅☐ Native Hawaiian or Pacific Islander
C. WIA Counselor's Name: First Name MI Last Name	12. What is your primary spoken language?
D. Customer's Qualification status: 1 ☐ D 2 ☐ A	MARK ONE BOX 1 English 2 Spanish 3 Other (Write in):
E. Training: F. Provider:	13. What is your marital status right now?
1 □ VL 1 □ C.C./T.C 2-yr.	MARK ONE BOX
2 ☐ SL 2 ☐ P 3 ☐ SU 3 ☐ U/C - 4-vr.	1 ☐ Married 4 ☐ Widowed 2 ☐ Separated 5 ☐ Never married
3 ☐ SU 3 ☐ U/C - 4-yr. 4 ☐ VU 4 ☐ O (Write in):	3 ☐ Divorced
vo	CONTINUE ON BACK ►

14. 15.	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 Which of the following degrees, diplomas, or certificates have you received?	MOST or ha	VER QUESTIONS 20-23 ABOUT YOUR CURRENT OR RECENT JOB. (If you currently have more than one job d more than one job recently, give answers about your ith the most hours.) What is the name of your current or former employer?
	MARK ALL THAT APPLY		□ Self-employed
	None None	21.	
		21.	What are (or were) your main duties at this company? PLEASE BE SPECIFIC
	Elementary, Middle, or Junior High diploma		
	₃☐ High School Diploma		
	□ Adult Basic Education (ABE) certificate		
	5☐ General Educational Development (GED)		
	6☐ Vocational/Technical degree or certificate	22.	How many hours per week do (or did) you usually
	¬□ Business degree/certificate		work at your main job?
	8□ Associates degree (AA)		HOURS PER WEEK
	$_{9}\square$ Bachelor's degree or equivalent (BA/BS)	23.	What was your current or most recent rate of pay,
	$_{10}\square$ Master's degree or equivalent (MA/MS)		before taxes and deductions at your main job?
	11 ☐ Doctor's degree (MD, Ph.D.)		\$ PER
	$_{12}\square$ Other professional degree/certificate		Dollars Cents
	13 ☐ Other (Write in):		(if pay varies, enter an average amount)
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?		MARK ONE BOX 1 Hour 2 Week 3 Every 2 weeks 4 Twice per month 5 Year 6 Other (Write in):
	ı□ Yes	24.	Do you or anyone in your household currently
	o□ No		receive assistance from any of the following programs?
17.	Have you had a job in the past five years?		MARK ALL THAT APPLY
	ı□ Yes		1 TANF (Cash assistance)
	₀ □ No → GO TO #24		2☐ SSI or SSDI
10	Are you currently working?		3☐ General Assistance
18.	Are you currently working?		 4□ SNAP (Food Stamps) 5□ Unemployment Compensation
	1 Yes → GO TO #20		6☐ Other (Write in):
	o□ No		□ IF NONE, MARK HERE
19.	In what month and year did your last job end? / _2 0 _ → GO TO #20 Month Year	25.	In the past, have you ever used services at this Center or one similar to it? 1 Yes
			o□ No

Fhank you for completing this for your WIA counselor.	m. Please return it to