APPENDIX B

## CONTACT INFORMATION FORM

WIA Adult and Dislocated Worker Programs Gold Standard Evaluation

OMB Control No.: 1205-0482

FOR COUNSELOR USE O	NLY:		0482				
STUDY ID #:	_	Please print clearly. Use blue or black ink only					
APPLICANT INFORMATION							
1. Name:			2. Social Security Number—Last 4 Digits only:				
First Name Middle Initial Last Name							
CONTACT INFORMATION - RELATIVES AND FRIENDS							
<b>INSTRUCTIONS:</b> In the space below, please provide the name, address, email address, and phone number(s) of three close relatives or friends who <b>do not live with you</b> but who are likely to know how to contact you in the next year. We will only contact these people if we cannot reach you directly. Please complete all three sections.							
3. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU							
First Name		Middle Initial	Last Name				
Street Address			IIII Apt. No.				
			TELEPHONE AND EMAIL:				
City	State		Home (   )   _  -    -   _ _ _				
	PLICANT: 🔲 MARK ONE B	Zip Code ELOW	Area Code Number				
			Cell (   )   _  -   _ _				
1 D Parent	4		Area Code Number				
2 Grandparent	5 □ Employer						
3 🗆 Brotner/Sister	3  Brother/Sister 6 Other  Area Code Number Email Address						
4. NAME AND ADDR	ESS OF A CLOSE FRIEND (	OR RELATIVE WHO	DOES NOT LIVE WITH YOU				
First Name		Middle Initial	Last Name				
Street Address			Apt. No.				
			Home (      ))      -				
City	State						
RELATIONSHIP TO AP	PLICANT: 🛛 MARK ONE B		Cell (     )      -				
			Area Code Number				
1 🗆 Parent	4 🗆 Friend/Neighbor		Work (     )       -				
2 □ Grandparent 3 □ Brother/Sister	5 □ Employer 6 □ Other		Area Code Number				
		· · · · · · · · · · · · · · · · · · ·	Email Address				
5. NAME AND ADDR	ESS OF A CLOSE FRIEND (	OR RELATIVE WHO	DOES NOT LIVE WITH YOU				
First Name		Middle Initial	Last Name				
Street Address Address Apt. No.							
			TELEPHONE AND EMAIL:				
City	 State	Zip Code	_  Home (   )  _  -   _ _ _  				
Public Burden Statement							

Completing this document, which seeks to help the U.S. Department of Labor understand the effects of WIA-funded services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.

RELATIONSHIP TO APPLICANT:			Area Code	Number	
		Cell	(   )	-	
<ul> <li>1 Parent</li> <li>2 Grandparent</li> <li>3 Brother/Sister</li> </ul>	4 □ Friend/Neighbor 5 □ Employer 6 □ Other	I	Area Code	Number	
		Work I	(   )	-	
			Area Code	Number	
		Email A	Email Address		

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