



SSN: \_\_\_\_\_  In-School Youth  Out-of-School Youth

Applicant Name: \_\_\_\_\_ Service Provider: \_\_\_\_\_

First MI Last

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip: \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Person's Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Contact Person's Phone: (\_\_\_\_\_) \_\_\_\_\_

Applicant E-mail address: \_\_\_\_\_

(applicant@domainname.com, .net, .org, .edu, etc.)

**Please Note: All information is crucial for SCOTI Data Entry**

1. Date of Birth: \_\_\_\_\_ Age at Application: \_\_\_\_\_

2. Gender:  Male

Female

3. County of Service: \_\_\_\_\_

4. Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

5. Race: (check all that apply)

Black/African American  White  Asian

American Indian  Alaskan Native

Hawaiian Islander or Other Pacific Islander

Other

6. Native or Primary Language: \_\_\_\_\_

7. Currently Employed:  Yes  No

If yes, Job/ONET Title: \_\_\_\_\_

8. Employed but received notice of termination:

Yes  No

If yes, current Job/ONET Title: \_\_\_\_\_

9. Unemployment Insurance (UI) Status at Intake: (check one)

Exhaustee  Not current claimant and not an exhaustee

Eligible claimant not referred by Work Programs (WPRS)

Eligible claimant referred by Work Programs (WPRS)

10. Education Level: Highest Grade Completed: \_\_\_\_\_  
 (Please check appropriate level)

No grade completed  Some Post High School Tr.

Behind Grade Level  Associates Completed

Completed grade 12/No diploma  Bachelors Completed

Obtained GED or equivalent  Masters Completed

High School Graduate  Doctoral Completed

11. Seasonal Farm Worker:  Yes  No

12. Education Status:

Not Attending School; High School (HS) Graduate

Student, HS or less  Student Attending Post HS

Not Attending, HS Drop Out

Student; Alt. School

13. Military Service:  Yes  No

If yes, Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Military Campaign Served: \_\_\_\_\_

Spouse of a Veteran  Recently Separated Veteran

Disabled Veteran If disabled, give %: \_\_\_\_\_

14. Pell Grant:  Yes  No

15. Cash Public Assistance Last 6 Months:

Yes  No

16. Food Stamps Last 6 Months:  Yes  No

17. Dislocated Worker:  Yes  No

18. Registered Selective Service:  Yes  No  N/A

SSR #: \_\_\_\_\_

19. Citizenship:

US Citizen  Registered Alien

Refugee  Other Legal Alien

Other \_\_\_\_\_

20. Individual with a Disability:  Yes  No

ADA Major Life Activity Impairment

ADA and Employment Impediment

21. Is Applicant a Single Parent:  Yes  No

22. Limited English Proficiency:  Yes  No

