

Community Services Agency Workforce Program Application

Thank you for your interest in CSA's Workforce Development Program. Please complete this application to the best of your ability and return to CSA to schedule an intake appointment. Completed and signed applications can be submitted via email to workforce@csareno.org, faxed to (775) 786-5743, dropped off in person at 1094 E 8th St, Reno, NV 89512, or mailed to Community Services Agency, PO Box 10167, Reno, NV 89510. For application assistance please contact our team at (775) 786-6023.

Applica	ant Informatio	n – Please	complete	the follo	owin	g inform	ation fo	r the prima	ry app	licant.
Full Name:								Date	of Birt	th:
	First Name		M.I.	La	ast Na	ame		Suffix		
Preferred Name:					Pre	eferred P	ronouns	:		
Address:										
	Street Add	dress	Ар	oartment/Ui	nit #		City	State		ZIP Code
Email:										
Primary Phone:		☐ Home ☐ Work	☐ Cell ☐ Messa	age	-	Preferred Commun	Method ication:	· _	none Ca ext Mes	
Gender	Ma	rital Status		Disabl	led	Vet	eran	Active Mi	litary	Foster Parent
Female	Civil Union	_	Married	☐ Yes		☐ Yes		☐ Yes		Yes
Male	Divorced		Single	☐ No		☐ No		☐ No		□No
☐ Non-binary ☐ Transgender	Legally Sep	arated 🔲 \	Widowed							
☐ Hansgender										
☐ American India☐ Asian☐ Black or Africa	Race an or Alaskan Na n American an or Pacific Islar	□ M □ 0	/hite lulti-racial other:				-	anic, Latino d	-	nish Origins Spanish Origins
Drimary La	nguago	English	Proficiency	.,		Higho	ct I aval	of Education	n Com	nlotod
Primary La	iliguage	☐ None	Moder 🗌	-	ا ا ود	s than 8 th				cate or license
Spanish		Poor	☐ Profici		_		/non-grad			iate degree
Other:							or equiva			elor's degree
					_	h school (•] Gradu	ate degree
] Son	ne college	е			
			Present E	mployme	ent S	tatus				
Full-Time (30+ Part-Time (<30- Employed Sea Migrant Seaso Unemployed — Unemployed —) hours/week) sonally nal Farm Worke Student		i resent L		Uner Uner Uner	mployed - mployed - mployed - mployed -	- Long tei	rm, 6 montherm, more that bor force (no	ın 6 mo	nths
Name of Current		Ū								

Primary Income Source				Total Monthly Income		
 ☐ Employment ☐ Unemployment Compensat ☐ Social Security - Disability ☐ Social Security - Retiremen ☐ Social Security - Survivor's ☐ SSI Cash Aid 	ion [☐ TANF Cash Aid ☐ Pension/Retirement Fund ☐ Child Support ☐ Foster Care Subsidy ☐ No Income ☐ Other:		\$		
		Health Insuran	ce Coverage			
□ None □ Direct Pu □ Medicaid □ Private In □ Medicare □ Employer] Indian/Tribal Hea] State Children's	_	, <u> </u>		
Hew many people are	Daga as		uaahald raaaiya a	one of the following convices?		
How many people are in your household? Adults: Children: TANF Does anyone in your household receive any of the following services? Section 8 Housing Voucher						
Heusis	a Ctatus		1	Type of Dysalling		
☐ Other permanent housing ☐ Medical facility ☐ Condo/Townhouse ☐ Park/Street/Car/C				Motel/Hotel Home		
	How did you	u hear about Con	nmunity Services A	Agency?		
☐ Family ☐ Other CSA Program ☐ Web Search	Friend Community Radio or Te	y Event	Community Org Poster/Flyer Newspaper or P	ganization		
What employment or training						
services are you looking for?						
Services are you looking for .						
If you were referr	ed by a training	a provider or cer	tification program	, please share the following:		
ii you woro roioii	ou by a training	g providor or oor	inoution program	, ploade chare the femouring.		
Name of Training Provider or S	School:					
	_					
Name of Training Program or 0	Certification: _					
		, D: -				
Progi	ram Applican	nt Disclosure S	tatement (Signa	ature Required)		
I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application does not guarantee that services will be performed under any program, and I acknowledge that services are dependent on many things including accurate applications, availability of funding and a determination that the applicant qualifies for the program.						
I hereby release, discharge, exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives to use the information that I have provided aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.						
Applicantle Circustons				Data		
Applicant's Signature:				Date:		

Full Name:					Date of E	Birth:	
Firs	t Name	M.I.	Last Name	Suf	fix		
		Relationship t	o the Applicant				
☐ Spouse	☐ Signific	ant other	☐ Parent/Guar	dian	☐ Child		
Sibling	Other r		Other non-re				
Gender	Disabled	Foster Child	Primary La	nguage	Englisl	n Proficiency	
☐ Female	☐ Yes	☐ Yes	☐ English		☐ None	☐ Moderate	
☐ Male	☐ No	☐ No	☐ Spanish		☐ Poor	☐ Proficient	
☐ Non-binary			Other:				
☐ Transgender							
_	-	1			1		
	Race	!			Ethnicit	ty	
American Indian or Alasl	kan Native	☐ White		☐ Hispanio	c, Latino or Sp	anish Origins	
☐ Asian				☐ Not Hisp	oanic, Latino d	or Spanish Origins	
☐ Black or African America	ın	Other:					
☐ Native Hawaiian or Pacif	ic Islander						
				•			
		Highest Level of E	-	ted			
Child, not school-age		☐ GED/HiSET or €	•		ciate degree		
Current K-12 student		☐ High school dipl		elor's degree			
Completed less than 8 th grade		☐ Some college	☐ Grad	luate degree o	or higher		
Grades 9-12/non-gradua	ite	☐ Vocational certif	tificate or license				
		Current Empl	loyment Status				
Full-Time (30+ hours/we	ok)	Odirent Emp	Unemployed	– In vocation	al training		
Part-Time (<30 hours/we	•		☐ Unemployed		-	lace.	
Employed Seasonally	JOK)						
☐ Migrant Seasonal Farm	Morker	☐ Unemployed – Long term, more than 6 months☐ Unemployed - Not in labor force (not looking for work)					
Unemployed – Child	VVOIRCI	☐ Unemployed - Disabled					
☐ Unemployed – Student		Retired					
☐ Unemployed – Student	nal training						
onemployed in vocation	riai trairiirig						
	Primary Inco	me Source		-	Total Monthly	y Income	
☐ Employment	-	☐ TANF Cash A	id				
☐ Unemployment Compen	sation	☐ Pension/Retire					
Social Security - Disabili		☐ Child Support		\$			
Social Security – Retiren	•	☐ Foster Care S			our best estimate	e. Income verification	
Social Security – Survivo			 Dependent Child Trovide your best estimate. may be required for prog				
SSI Cash Aid		☐ No Sources of					
		Health Insura	ance Coverage				
☐ None ☐ Direct	Purchase	☐ Indian/Tribal H	ealth Care		Military/VA H	ealth Insurance	
☐ Medicaid ☐ Private	e Insurance	State Children'	s Health Insurance	e (CHIP)	Marketplace		
☐ Medicare ☐ Employer Provided ☐ State Health Insurance for Adults (SHIP) ☐ Other:							

Full Name:					Date of B	Birth:	
	First Name	M.I.	Last Name	Suf	fix		
		Relationship t	o the Applicant				
☐ Spouse	☐ Signific	cant other	☐ Parent/Guard	lian	☐ Child		
Sibling	Other r	elative	Other non-rel	ative			
Gender	Disabled	Foster Child	Primary Lai	nguage	English	n Proficiency	
☐ Female	□Yes	☐Yes	☐ English		☐ None	☐ Moderate	
☐ Male	☐ No	☐ No	☐ Spanish		☐ Poor	☐ Proficient	
☐ Non-binary			Other:				
Transgender							
		· L	L				
	Race)			Ethnicit	у	
☐ American Indiar	n or Alaskan Native	☐ White		☐ Hispanio	c, Latino or Sp	anish Origins	
☐ Asian						r Spanish Origins	
☐ Black or African	American	☐ Other:					
☐ Native Hawaiiar	n or Pacific Islander						
				1			
		Highest Level of E	ducation Complet	ted			
☐ Child, not school	ol-age	☐ GED/HiSET or €	equivalent	☐ Asso	ciate degree		
Current K-12 stu	udent	☐ High school dipl	☐ Bach	nelor's degree			
☐ Completed less	than 8 th grade	☐ Some college		☐ Grad	luate degree d	or higher	
Grades 9-12/no	n-graduate	☐ Vocational certif	icate or license				
		Current Empi	loyment Status				
Full-Time (30+ h	•		Unemployed		_		
Part-Time (<30	-	Unemployed – Short term, 6 months or less					
Employed Seas	•	Unemployed – Long term, more than 6 months					
☐ Migrant Season		☐ Unemployed - Not in labor force (not looking for work)☐ Unemployed - Disabled					
Unemployed – (· ·					
Unemployed – S			Retired				
☐ Unemployed – I	n vocational training						
	Primary Inco	me Source			Total Monthly	/ Income	
□ Employment	1 Timary moon	_	id		rotal Monthly	, moonic	
☐ Employment	Componention	☐ TANF Cash A					
Unemployment Compensation ☐ Pension/Retirement Fund				¢			
	□ Social Security - Disability □ Child Support \$_ □ Social Security - Retirement □ Foster Care Subsidy Property				our hest estimate	e. Income verification	
_	 Survivor's Benefits 		Dependent Child	_		ogram enrollment.	
SSI Cash Aid	Culvivol 5 Delicitio	☐ No Sources of	•				
		Health Insura	ance Coverage				
☐ None [Direct Purchase	☐ Indian/Tribal He	_	П	Military/VA H	ealth Insurance	
☐ Medicaid [Private Insurance		s Health Insurance	(CHIP)	Marketplace		
☐ Medicare ☐ Employer Provided ☐ State Health Insurance for Adults (SHIP) ☐ Other:							

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☐ Sibling	Other r		Other non-rel	ative		
Gender	Disabled	Foster Child	Primary Lar	nguage	English	Proficiency
☐ Female	☐Yes	☐Yes	☐ English		□ None	☐ Moderate
☐ Male	□ No	□ No	☐ Spanish		Poor	☐ Proficient
☐ Non-binary			Other:			
-			Other.			
Transgender						
	Race			I	Ethnicit	.,
					Ethnicit	-
American Indian or Alasi	kan Native	White			c, Latino or Sp	_
Asian		Multi-racial		│	oanic, Latino o	r Spanish Origins
Black or African America		Other:				
☐ Native Hawaiian or Pacit	fic Islander					
		Highest Level of E	ducation Complet	ed		
☐ Child, not school-age		☐ GED/HiSET or e	•		ciate degree	
Current K-12 student		☐ High school diple	☐ Bach	nelor's degree		
☐ Completed less than 8 th grade		☐ Some college	☐ Grad	luate degree o	r higher	
☐ Grades 9-12/non-gradua	ate	☐ Vocational certif	icate or license			
		Current Empl	oyment Status			
☐ Full-Time (30+ hours/we	ek)		☐ Unemployed	In vocation	al training	
☐ Part-Time (<30 hours/we	eek)		☐ Unemployed	 Short term, 	6 months or l	ess
☐ Employed Seasonally			☐ Unemployed	 Long term, 	more than 6 n	nonths
☐ Migrant Seasonal Farm	Worker		Unemployed	-		
☐ Unemployed – Child		☐ Unemployed - Disabled				9 /
☐ Unemployed – Student			Retired			
☐ Unemployed – In vocation	onal training					
	Primary Incor	ne Source			Total Monthly	/ Income
☐ Employment	-	☐ TANF Cash Ai	id			
☐ Unemployment Compen	sation	Pension/Retire				
Social Security - Disabili		☐ Child Support	omone i ana	\$		
Social Security - Bisabili	•	☐ Foster Care S	ubcidy		our heet estimate	e. Income verification
l			•	-		ogram enrollment.
Social Security – Survivo	or a perienta		Dependent Child			g
SSI Cash Aid		☐ No Sources of	ITICOTTIE			
		Health Incurs	ınce Coverage			
□ None □ Direct	Purchase	☐ Indian/Tribal He	_		Militan/\/\ □	ealth Insurance
	e Insurance				-	Canti ilibulalice
			s Health Insurance	`	Marketplace	
☐ Medicare ☐ Emplo	yer Provided	☐ State Health In	surance for Adults	(2HIF) [Other:	

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☐ Sibling	Other r	elative	Other non-rel	ative			
-							
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Asian	an ran vo	☐ Multi-racial			•	r Spanish Origins	
Black or African America	n	Other:			Jamo, Laurio e	r opamen ongme	
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Grades 9-12/non-graduate		☐ Vocational certif					
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☐ Unemployed – Student			Retired				
☐ Unemployed – In vocatio	nal training						
	Primary Incor	me Source		•	Total Monthly	/ Income	
☐ Employment		☐ TANF Cash A	id				
☐ Unemployment Compens	sation	☐ Pension/Retire	ement Fund				
☐ Social Security - Disabilit	☐ Child Support	\$					
☐ Social Security – Retirem	nent	☐ Foster Care S	ubsidy	Provide y	our best estimate	e. Income verification	
☐ Social Security – Survivo	al Security – Survivor's Benefits No Income – Dependent Child		may be required for program enrollment.				
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			ance Coverage				
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