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.

Applicant Information – Please complete the following information for the primary applicant.

Full Name: _____ **Date of Birth:** _____
First Name M.I. Last Name Suffix

Preferred Name: _____ **Preferred Pronouns:** _____

Address: _____
Street Address Apartment/Unit # City State ZIP Code

Email: _____

Primary Phone: _____ ☐ Home ☐ Cell ☐ Work ☐ Message

Preferred Method of Communication: ☐ Phone Call ☐ Text Message ☐ Email

Gender	Marital Status	Disabled	Veteran	Active Military	Foster Parent
☐ Female ☐ Male ☐ Non-binary ☐ Transgender	☐ Civil Union ☐ Married ☐ Divorced ☐ Single ☐ Legally Separated ☐ Widowed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Race	Ethnicity
☐ American Indian or Alaskan Native ☐ White ☐ Asian ☐ Multi-racial ☐ Black or African American ☐ Other: _____ ☐ Native Hawaiian or Pacific Islander	☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Primary Language	English Proficiency	Highest Level of Education Completed
☐ English ☐ Spanish ☐ Other: _____	☐ None ☐ Moderate ☐ Poor ☐ Proficient	☐ Less than 8th grade ☐ Certificate or license ☐ Grades 9-12/non-graduate ☐ Associate degree ☐ GED/HiSET or equivalent ☐ Bachelor's degree ☐ High school diploma ☐ Graduate degree ☐ Some college

Present Employment Status

☐ Full-Time (30+ hours/week)
☐ Part-Time (<30 hours/week)
☐ Employed Seasonally
☐ Migrant Seasonal Farm Worker
☐ Unemployed – Student
☐ Unemployed – In vocational training
☐ Unemployed – Short term, 6 months or less
☐ Unemployed – Long term, more than 6 months
☐ Unemployed - Not in labor force (not looking for work)
☐ Unemployed - Disabled
☐ Retired

Name of Current Employer (if applicable): _____

Primary Income Source		**Total Monthly Income**
☐ Employment	☐ TANF Cash Aid	
☐ Unemployment Compensation	☐ Pension/Retirement Fund	
☐ Social Security - Disability	☐ Child Support	$_____
☐ Social Security – Retirement	☐ Foster Care Subsidy	*Provide your best estimate. Income verification is required for program enrollment.*
☐ Social Security – Survivor's Benefits	☐ No Income	
☐ SSI Cash Aid	☐ Other: _____	

Health Insurance Coverage

☐ None	☐ Direct Purchase	☐ Indian/Tribal Health Care	☐ Military/VA Health Insurance
☐ Medicaid	☐ Private Insurance	☐ State Children's Health Insurance (CHIP)	☐ Marketplace
☐ Medicare	☐ Employer Provided	☐ State Health Insurance for Adults (SHIP)	☐ Other: _____

If applicable, please select your Medicaid provider:

☐ Anthem BCBS ☐ CareSource ☐ Health Plan of Nevada (HPN) ☐ Molina Healthcare ☐ SilverSummit Healthplan

How many people are in your household?	**Does anyone in your household receive any of the following services?**		
Adults: _____	☐ WIC	☐ Section 8 Housing Voucher	☐ Energy Assistance Program
Children: _____	☐ SNAP/Food Stamps	☐ Public Housing/Housing Authority	☐ SSI
	☐ TANF	☐ Foster Care	

Housing Status		**Type of Dwelling**	
☐ Own	☐ Shelter	☐ Apartment	☐ Motel/Hotel
☐ Rent	☐ Transitional housing	☐ Single Family Home	☐ Shelter/Transitional
☐ Other permanent housing	☐ Medical facility	☐ Condo/Townhouse	☐ Park/Street/Car/Campsite
☐ Homeless	☐ Incarcerated	☐ Duplex/Triplex/4-plex	☐ Other: _____
☐ Temp. living with others	☐ Other: _____	☐ Mobile Home/Trailer	

How did you hear about Community Services Agency?

☐ Family	☐ Friend	☐ Community Organization	☐ Head Start
☐ Other CSA Program	☐ Community Event	☐ Poster/Flyer	☐ Social Media
☐ Web Search	☐ Radio or Television	☐ Newspaper or Print Ad	☐ Other: _____

What employment or training services are you looking for? _____

Program Applicant Disclosure Statement (Signature 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.

Applicant's Signature: _____ **Date**: _____

Community Services Agency, its agents, partners, and funding sources do not discriminate based on race, color, sex, age, religion, national origin, disability, marital status, sexual orientation or gender identity, ancestry, or any other consideration made unlawful by applicable discrimination laws.

Additional Household Member – Please complete the following section for each member of the household.

Additional household members include those living in the same household as you who are related to you by birth, marriage, or adoption, or non-related individuals living with you with whom you share income and living expenses. This will help CSA determine your eligibility for one or more programs.

Full Name: _____ **Date of Birth:** _____
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Relationship to the Applicant

☐ Spouse ☐ Significant other ☐ Parent/Guardian ☐ Child
☐ Sibling ☐ Other relative ☐ Other non-relative

Gender	Disabled	Foster Child	Primary Language	English Proficiency
☐ Female	☐ Yes	☐ Yes	☐ English	☐ None ☐ Moderate
☐ Male	☐ No	☐ No	☐ Spanish	☐ Poor ☐ Proficient
☐ Non-binary			☐ Other: _____	
☐ Transgender				

Race

☐ American Indian or Alaskan Native ☐ White
☐ Asian ☐ Multi-racial
☐ Black or African American ☐ Other: _____
☐ Native Hawaiian or Pacific Islander

Ethnicity

☐ Hispanic, Latino or Spanish Origins
☐ Not Hispanic, Latino or Spanish Origins

Highest Level of Education Completed

☐ Child, not school-age ☐ GED/HiSET or equivalent ☐ Associate degree
☐ Current K-12 student ☐ High school diploma ☐ Bachelor's degree
☐ Completed less than 8th grade ☐ Some college ☐ Graduate degree or higher
☐ Grades 9-12/non-graduate ☐ Vocational certificate or license

Current Employment Status

☐ Full-Time (30+ hours/week) ☐ Unemployed – In vocational training
☐ Part-Time (<30 hours/week) ☐ Unemployed – Short term, 6 months or less
☐ Employed Seasonally ☐ Unemployed – Long term, more than 6 months
☐ Migrant Seasonal Farm Worker ☐ Unemployed - Not in labor force (not looking for work)
☐ Unemployed – Child ☐ Unemployed - Disabled
☐ Unemployed – Student ☐ Retired
☐ Unemployed – In vocational training

Primary Income Source

☐ Employment ☐ TANF Cash Aid
☐ Unemployment Compensation ☐ Pension/Retirement Fund
☐ Social Security - Disability ☐ Child Support
☐ Social Security – Retirement ☐ Foster Care Subsidy
☐ Social Security – Survivor's Benefits ☐ No Income – Dependent Child
☐ SSI Cash Aid ☐ No Sources of Income

Total Monthly Income

$_____

Provide your best estimate. Income verification may be required for program enrollment.

Health Insurance Coverage

☐ None ☐ Direct Purchase ☐ Indian/Tribal Health Care ☐ Military/VA Health Insurance
☐ Medicaid ☐ Private Insurance ☐ State Children's Health Insurance (CHIP) ☐ Marketplace
☐ Medicare ☐ Employer Provided ☐ State Health Insurance for Adults (SHIP) ☐ Other: _____

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