



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
<input type="checkbox"/> Female	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Male	<input type="checkbox"/> Divorced	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Legally Separated				
<input type="checkbox"/> Transgender	<input type="checkbox"/> Married				
	<input type="checkbox"/> Single				
	<input type="checkbox"/> Widowed				

Race	Ethnicity
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic, Latino or Spanish Origins
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> Multi-racial	
<input type="checkbox"/> Other: _____	

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

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

Name of Current Employer (if applicable): _____

Primary Income Source	Total Monthly Income
<input type="checkbox"/> Employment <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Social Security - Disability <input type="checkbox"/> Social Security – Retirement <input type="checkbox"/> Social Security – Survivor’s Benefits <input type="checkbox"/> SSI Cash Aid <input type="checkbox"/> TANF Cash Aid <input type="checkbox"/> Pension/Retirement Fund <input type="checkbox"/> Child Support <input type="checkbox"/> Foster Care Subsidy <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____	\$ _____ <i>Provide your best estimate. Income verification may be required for program enrollment.</i>

Health Insurance Coverage			
<input type="checkbox"/> None	<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Indian/Tribal Health Care	<input type="checkbox"/> Military/VA Health Insurance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> State Children’s Health Insurance (CHIP)	<input type="checkbox"/> Marketplace
<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer Provided	<input type="checkbox"/> State Health Insurance for Adults (SHIP)	<input type="checkbox"/> Other: _____

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

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

How did you hear about Community Services Agency?			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Community Organization	<input type="checkbox"/> Head Start
<input type="checkbox"/> Other CSA Program	<input type="checkbox"/> Community Event	<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Social Media
<input type="checkbox"/> Web Search	<input type="checkbox"/> Radio or Television	<input type="checkbox"/> Newspaper or Print Ad	<input type="checkbox"/> Other: _____

What employment or training services are you looking for? _____

If you were referred by a training provider or certification program, please share the following:

Name of Training Provider or School: _____

Name of Training Program or Certification: _____

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:** _____

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:** _____
First Name M.I. Last Name Suffix

Relationship to the Applicant			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Significant other	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Child
<input type="checkbox"/> Sibling	<input type="checkbox"/> Other relative	<input type="checkbox"/> Other non-relative	

Gender	Disabled	Foster Child	Primary Language	English Proficiency
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Race	Ethnicity
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins

Highest Level of Education Completed		
<input type="checkbox"/> Child, not school-age <input type="checkbox"/> Current K-12 student <input type="checkbox"/> Completed less than 8 th grade <input type="checkbox"/> Grades 9-12/non-graduate	<input type="checkbox"/> GED/HiSET or equivalent <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college <input type="checkbox"/> Vocational certificate or license	<input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree or higher

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

Primary Income Source	Total Monthly Income
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Health Insurance Coverage			
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