



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 mmoheit@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

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

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

Primary Phone: _____ Home Cell Work Message **Secondary Phone:** _____ Home Cell Work Message

Email: _____

Gender	Marital Status	Disabled	Veteran	Active Military	Foster Parent
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<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"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				

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

Primary Language	English Proficiency	Highest Level of Education Completed
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> Proficient	<input type="checkbox"/> Grades 0-8 <input type="checkbox"/> Associate degree <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> High School Diploma or GED <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 <input type="checkbox"/> Retired or Disabled
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 <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> SSI Cash Aid	<input type="checkbox"/> Child Support <input type="checkbox"/> Foster Subsidy <input type="checkbox"/> TANF Cash Aid <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____
\$ _____	

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

Does anyone in the home receive any of the following services?		
<input type="checkbox"/> WIC	<input type="checkbox"/> Section 8 Housing	<input type="checkbox"/> Energy Assistance Program
<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> SSI
<input type="checkbox"/> TANF	<input type="checkbox"/> Foster Care	

Housing Status	Type of Dwelling	How many people live in your home?
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Does Not Pay <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	<input type="checkbox"/> Apartment <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Duplex/Triplex/4-plex <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Shelter <input type="checkbox"/> Park/Street/Car/Campsite <input type="checkbox"/> Other: _____	Adults: _____ Children: _____

How did you hear about Community Services Agency?			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Outside Agency	<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: _____

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:** _____

Community Services Agency, its agents, partners, and funding sources do not discriminate on the basis of 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.

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	Marital Status	Disabled	Veteran	Active Military	Foster Parent
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<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"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				

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

Primary Language	English Proficiency	Highest Level of Education Completed
<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	<input type="checkbox"/> Grades 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree

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 <input type="checkbox"/> Retired or Disabled
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 <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> SSI Cash Aid <input type="checkbox"/> Child Support <input type="checkbox"/> Foster Subsidy <input type="checkbox"/> TANF Cash Aid <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____	\$ _____

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

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

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Relationship to the Applicant			
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Gender	Marital Status	Disabled	Veteran	Active Military	Foster Parent
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<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"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				

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

Primary Language	English Proficiency	Highest Level of Education Completed
<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	<input type="checkbox"/> Grades 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree

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 <input type="checkbox"/> Retired or Disabled
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Relationship to the Applicant			
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Gender	Marital Status	Disabled	Veteran	Active Military	Foster Parent
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<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"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				

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<input type="checkbox"/> Male	<input type="checkbox"/> Divorced	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
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Race	Ethnicity
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