

# WIOA QUESTIONNAIRE

Federal regulations implementing the Workforce Innovation and Opportunity Act of 2014 (WIOA) requires the reporting of individual participant data for all WIOA-funded programs. TWC shares some information with government agencies and their contractors for the administration and enforcement of laws, including verifying eligibility for public assistance, supporting law enforcement activities and other purposes permitted by law. Allowable uses of confidential information may include performing statistical analysis, research and evaluation on programs such as Social Security, Medicaid, food assistance, and child support. For more information see the TWC Privacy Statements at <http://www.twc.state.tx.us/policies>.

## Personal Information

<b>1. Social Security Number</b>	
<b>2. Last Name</b>	
<b>3. First Name</b>	
<b>4. Street Address</b>	
<b>5. Street Address 2 (Apt. #, etc.)</b>	
<b>6. City</b>	
<b>7. State</b>	
<b>8. Zip Code</b>	

## Equal Opportunity Information

<b>9. Date of Birth</b>	
<b>10. Sex/Gender</b>	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
	I Do Not Self-Identify <input type="checkbox"/>

<b>11. Do you have a Disability?</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	I Do Not Self-Identify <input type="checkbox"/>
<b>12. Category of Disability (Check all that apply.)</b>	Physical, Chronic Health Condition <input type="checkbox"/>
	Physical, Mobility Impairment <input type="checkbox"/>
	Mental or Psychiatric Disability <input type="checkbox"/>
	Vision Related Disability <input type="checkbox"/>
	Hearing Related Disability <input type="checkbox"/>
	Learning Disability <input type="checkbox"/>
	No Disability <input type="checkbox"/>
<b>13. Do you receive State Developmental Disabilities Agency Services (SSDA)?</b>	Yes (SSDA) <input type="checkbox"/>
	No <input type="checkbox"/>
<b>14. Do you receive local or state Mental Health Agency services (LSMHA)?</b>	Yes (LSMHA) <input type="checkbox"/>
	No <input type="checkbox"/>
<b>15. Do you receive services under state Medicaid HCBS Waiver?</b>	Yes (HCBS Waiver) <input type="checkbox"/>
	No <input type="checkbox"/>
<b>16. Ethnicity (Check all that apply.)</b>	Hispanic or Latino <input type="checkbox"/>
	Asian <input type="checkbox"/>
	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>
	American Indian or Alaska Native <input type="checkbox"/>
	Black or African-American <input type="checkbox"/>
	White <input type="checkbox"/>

## Veteran Status

<p><b>17. Are you a Veteran?</b></p> <p>I served on active duty in the armed forces and was discharged or released from such service under conditions other than dishonorable.</p>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<p><b>18. Are you an Eligible Veteran?</b></p> <p><b>18-A.</b> As an Eligible Veteran, I served in the active U.S. military, naval, or air service for less than or equal to 180 days, and was discharged or released from such service under conditions other than dishonorable; or,</p>	Yes <input type="checkbox"/>
<p><b>18-B.</b> As an Eligible Veteran, I served on active duty for more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or,</p>	Yes <input type="checkbox"/>
<p><b>18-C.</b> I am (a) the spouse of an Eligible Veteran who died on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who is listed in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or, (c) the spouse of any person who has a total disability permanent in nature resulting from a service connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p>	Yes <input type="checkbox"/>
<p><b>18-D.</b> I do not meet any conditions described above as an Eligible Veteran.</p>	No <input type="checkbox"/>

<p><b>19. Are you a Disabled Veteran?</b></p> <p><b>19-A.</b> I am (a) a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from activity duty because of a service-connected disability; or,  (b) a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap.</p>	<p>Yes <input type="checkbox"/></p>
<p><b>19-B.</b> I do not meet any conditions described above as a Disabled Veteran.</p>	<p>No <input type="checkbox"/></p>
<p><b>20. Military Separation Date</b></p>	
<p><b>21. Are you a transitioning Service member?</b></p> <p><b>21-A.</b> I am a person who is on active military duty status (including separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces.</p>	<p>Yes <input type="checkbox"/></p>
<p><b>21-B.</b> I do not meet any conditions above as a transitioning Service member.</p>	<p>No <input type="checkbox"/></p>

<p><b>22. Are you a homeless Veteran?</b></p> <p><b>22-A.</b> I (a) served in the active military, naval, or air service, and was discharged or released from such service under conditions other than dishonorable, and who lacks a fixed, regular, and adequate night time residence. This includes any primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for participants intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.</p>	<p>Yes <input type="checkbox"/></p>
<p><b>22-B.</b> I do not meet any conditions above as a homeless Veteran.</p>	<p>No <input type="checkbox"/></p>
<p><b>23.</b> If a veteran, do you have any other significant barriers to employment not mentioned in the previous questions?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

## Employment Information

<b>24. I am currently employed.</b>	Yes <input type="checkbox"/>
<b>24-A.</b> I am employed but received a Notice of Termination of Employment or my Military Separation is pending (I am within 24 months of retirement or 12 months of separation from the armed forces).	Yes, Terminated or Military Separation Pending <input type="checkbox"/>
<b>24-B.</b> Not employed and I am seeking employment	Not Employed, Seeking Employment <input type="checkbox"/>
<b>24-C.</b> Not employed and I am not actively seeking employment at this time.	Not Employed, Not Seeking Employment <input type="checkbox"/>
<b>25.</b> Have you been unemployed longer than 27 consecutive weeks?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>26.</b> What was the occupation of your most recent job?	
<b>27.</b> What was the date that you were separated from employment?	
<b>28.</b> How many months did you work at that job?	
<b>29.</b> Are you a Migrant Seasonal Farmworker?	Yes, Not Absent from Home Overnight <input type="checkbox"/>
	Yes, I Travel to Job Site and Do Not Stay at Home <input type="checkbox"/>
	Yes, Not Absent Overnight and Stay at Home <input type="checkbox"/>
	Yes, Food Processing Worker <input type="checkbox"/>
	No, None of the Above <input type="checkbox"/>

## Education Information

<b>30.</b> Highest School Grade Completed:	1 – First <input type="checkbox"/>
	2 – Second <input type="checkbox"/>
	3 – Third <input type="checkbox"/>
	4 – Fourth <input type="checkbox"/>
	5 – Fifth <input type="checkbox"/>
	6 – Sixth <input type="checkbox"/>
	7 – Seventh <input type="checkbox"/>
	8 – Eighth <input type="checkbox"/>
	9 – Ninth <input type="checkbox"/>
	10 – Tenth <input type="checkbox"/>
	11 – Eleventh <input type="checkbox"/>
	12 – Twelfth <input type="checkbox"/>
	0 – Did Not Complete Any School Grades <input type="checkbox"/>
<b>31.</b> Highest Educational Level Completed:	Attained High School Diploma <input type="checkbox"/>
	Attained High School Equivalency <input type="checkbox"/>
	Completed One or More Years of Post-High School Education <input type="checkbox"/>
	Attained Non-Degree Post-High School Technical or Vocational Certificate <input type="checkbox"/>
	Attained an Associate’s Degree <input type="checkbox"/>
	Attained a Bachelor’s Degree <input type="checkbox"/>
	Attained a Degree Beyond Bachelor’s <input type="checkbox"/>

<b>32.</b> Current School Status:	Attending – High School <input type="checkbox"/>
	Attending – Alternative School <input type="checkbox"/>
	Attending – Post-High School <input type="checkbox"/>
	Not Attending School or High School Dropout <input type="checkbox"/>
	Not Attending School and Have a High School Diploma or Recognized Equivalent <input type="checkbox"/>
	Not Attending School and Within Age of Texas Compulsory School Attendance and Have Not Attended for the Past 3 Months and Do Not have a High School Diploma or Recognized Equivalent <input type="checkbox"/>



## Public Assistance Information

<b>33.</b> Have you received cash assistance or other support services from the Temporary Assistance for Needy Families (TANF) agency in the last six months?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>34.</b> If you receive TANF cash assistance, are you within 2 years of exhausting lifetime eligibility?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

### 35. SSI Assistance

<b>35-A.</b> I currently receive or have received SSI assistance in the last 6 months.	Yes <input type="checkbox"/>
<b>35-B.</b> I currently receive or have received SSDI assistance in the last 6 months.	Yes <input type="checkbox"/>
<b>35-C.</b> I currently receive or have received both SSI and SSDI assistance in the last 6 months	Yes <input type="checkbox"/>
<b>35-D.</b> I currently receive or have received SSI assistance in the last 6 months AND I am a Ticket to Work Program Ticket Holder issued by the Social Security Administration.	Yes <input type="checkbox"/>
<b>35-E.</b> I currently receive or have received SSDI assistance in the last 6 months AND I am a Ticket to Work Program Ticket Holder issued by the Social Security Administration.	Yes <input type="checkbox"/>
<b>35-F.</b> I currently receive or have received both SSI and SSDI assistance in the last 6 months AND I am a Ticket to Work Program Ticket Holder issued by the Social Security Administration.	Yes <input type="checkbox"/>
<b>35-G.</b> None of the above	No <input type="checkbox"/>

### 36. Other Public Assistance (not including foster child payments)

<b>36-A.</b> I currently receive or have received State and/or local government assistance in the last 6 months.	Yes <input type="checkbox"/>
<b>36-B.</b> I currently receive or have received Refugee Cash Assistance (RCA) in the last 6 months.	Yes <input type="checkbox"/>
<b>36-C.</b> None of the above.	No <input type="checkbox"/>

### 37. Young Parent with Dependents (check all that apply)

<b>37-A.</b> I am less than 25 years old and I provide custodial care for one or more dependents under age 18.	Yes <input type="checkbox"/>
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<b>37-B.</b> I am less than 25 years old and I am pregnant.	Yes <input type="checkbox"/>
<b>37-C.</b> None of the above.	No <input type="checkbox"/>

### 38. Young Adult Status

<b>38-A.</b> I am less than 25 years old and I do not currently attend school or other educational program and need additional assistance to enter or complete an educational program, or to secure and hold employment.	Yes <input type="checkbox"/>
<b>38-B.</b> I am less than 25 years old and I attend school or other educational program and need additional assistance to enter or complete an educational program, or to secure and hold employment.	Yes <input type="checkbox"/>
<b>38-C.</b> None of the above.	No <input type="checkbox"/>

### 39. Young Adult Foster Care Status

<b>39-A.</b> I am less than 25 years old and I am currently in Foster Care.	Yes <input type="checkbox"/>
<b>39-B.</b> I am less than 25 years old and I have aged out of the Foster Care system.	Yes <input type="checkbox"/>
<b>39-C.</b> None of the above.	No <input type="checkbox"/>

### 40. Homeless Status (check all that apply)

<b>40-A.</b> I do not have a fixed, regular, and adequate nighttime residence.	Yes <input type="checkbox"/>
<b>40-B.</b> I share the housing of other persons due to loss of housing and economic hardship.	Yes <input type="checkbox"/>
<b>40-C.</b> I live in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations.	Yes <input type="checkbox"/>
<b>40-D.</b> I live in an emergency or transitional shelter.	Yes <input type="checkbox"/>
<b>40-E.</b> I am waiting for foster care placement.	Yes <input type="checkbox"/>
<b>40-F.</b> I have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground.	Yes <input type="checkbox"/>

<b>40-G.</b> I am a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work.	Yes <input type="checkbox"/>
<b>40-H.</b> I am under 18 years of age and have left home or last place of legal residence without the permission of my family.	Yes <input type="checkbox"/>
<b>40-I.</b> None of the above.	No <input type="checkbox"/>

#### **41. Ex-offender Status**

<b>41-A.</b> I have been subject to a (any) stage of the criminal justice process for committing a status offense or delinquent act, or (b) require assistance in overcoming barriers to employment resulting from a record of arrest or conviction.	Yes <input type="checkbox"/>
<b>41-B.</b> None of the above.	No <input type="checkbox"/>
<b>41-C.</b> I do not want to provide this information.	Do not want to provide this information <input type="checkbox"/>

#### **42. Supplemental Nutrition Assistance Program (SNAP)**

<b>42-A.</b> I receive, or in the past 6 months have received SNAP assistance.	Yes <input type="checkbox"/>
<b>42-B.</b> I am part of a family that receives or in the past 6 months have received SNAP assistance.	Yes <input type="checkbox"/>
<b>42-C.</b> None of the above.	No <input type="checkbox"/>

#### **43. Other Low Income Information (check all that apply)**

<b>43-A.</b> I am part of a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level.	Yes <input type="checkbox"/>
<b>43-B.</b> I receive a free or reduced price lunch where I attend school.	Yes <input type="checkbox"/>
<b>43-C.</b> I have a disability and my own income is under the poverty line but I am a member of a family whose income is at or above the poverty line.	Yes <input type="checkbox"/>

<b>43-D.</b> None of the above.	No <input type="checkbox"/>
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#### **44. English Language (check all that apply)**

<b>44-A.</b> I have a limited ability in speaking, reading, writing or understanding the English language.	Yes <input type="checkbox"/>
<b>44-B.</b> My native language is a language other than English.	Yes <input type="checkbox"/>
<b>44-C.</b> I live in a family or community environment where a language other than English is the dominant language.	Yes <input type="checkbox"/>
<b>44-D.</b> None of the above.	No <input type="checkbox"/>

#### **45. Cultural Barrier to Employment**

<b>45-A.</b> I perceive myself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.	Yes <input type="checkbox"/>
<b>45-B.</b> Does not apply.	No <input type="checkbox"/>
<b>45-C.</b> I do not want to provide this information.	Do not want to provide this information <input type="checkbox"/>

#### **46. Single Parent (check all that apply)**

<b>46-A.</b> I am single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18.	Yes <input type="checkbox"/>
<b>46-B.</b> I am a single, separated, divorced or a widowed individual who is pregnant.	Yes <input type="checkbox"/>
<b>46-C.</b> None of the above.	No <input type="checkbox"/>
<b>46-D.</b> I do not want to provide this information.	Do not want to provide this information <input type="checkbox"/>

#### 47. Displaced Homemaker

<p><b>47-A.</b> I have been providing unpaid services to family members in the home and a) have been dependent on the income of another family member but is no longer supported by that income; b) am the dependent spouse of a member of the Armed Forces on active and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and am unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.</p>	Yes <input type="checkbox"/>
<p><b>47-B.</b> None of the above.</p>	No <input type="checkbox"/>