

**Lakeshore Community Action Program, Inc.**  
**Skills Enhancement Screening Application**

702 State Street  
P.O. Box 2315  
Manitowoc, WI 54221-2315  
Phone: 920-682-3737  
Fax# 920.686.8700

**Screening Application-Personal Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**PRINT:** Last First Middle Name  
Address: \_\_\_\_\_  
Street Address (Apt # if applicable) County  
City State ZIP Code  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Income Information**

Title: \_\_\_\_\_ Hrs per week: \_\_\_\_\_  
Employer: \_\_\_\_\_ Health insurance available through your employer? \_\_\_\_\_  
Monthly Cost of Insurance: \_\_\_\_\_ Wages: \$ \_\_\_\_\_  
How many people live in your household? \_\_\_\_\_ How many dependents do you support? \_\_\_\_\_  
Spouse/Friend Full Name: \_\_\_\_\_ Spouse/Friend Birth Date: \_\_\_\_\_

**The following should be considered income:** Wages/salary before deductions, Net receipts from self employment, Social Security, Workers Compensation, Alimony, Military Allotments, SSI/SSDI, Unemployment Compensation, Work Study

**Income that would not be counted includes:** Child Support (income paid out in child support can be deducted), Higher Education Grants/Scholarships, Tax refunds, Gifts, Non-cash benefits such as food share, housing assistance, etc., Job Corp Payments

**County Services**

Please Check Any County Services You Receive:  Food Share  Medical Assistance  
 Badger Care  WIC  Child Care Assistance  Other: \_\_\_\_\_

**Points of Interest**

**What part of the Skills Enhancement Program is of interest to you?:**  Assistance with transportation to/from school  
 Assistance with childcare while taking classes  Educational costs for tuition, books, and fees

**What is your education/training/career goal?** \_\_\_\_\_

**Are you currently enrolled in an education/training program?** \_\_\_\_\_ **If so, where?** \_\_\_\_\_

**How long will it take you to achieve this goal?** \_\_\_\_\_ **Have you applied for financial aid?** \_\_\_\_\_

**Are you aware of job opportunities in area?** \_\_\_\_\_ **Are you willing to relocate for a job?** \_\_\_\_\_

**Without the support of this program, would you be able to achieve your job advancement goals?** \_\_\_\_\_

If yes, how? \_\_\_\_\_

If no, what other resources have you explored to assist you with this goal? \_\_\_\_\_

How did you hear about the Skills Enhancement Program at Lakeshore CAP? \_\_\_\_\_