



ASSETS SENIOR EMPLOYMENT PROGRAM

SCREENING SHEET

FOR OAKLAND RESIDENTS ONLY

Applicant Name: _____ Date: _____

Mailing Address: _____ City: Oakland Zip: _____

Phone #: _____ Secondary Phone #: _____ Email Address: _____

Are you a licensed driver? Yes No Do you own a car? Yes No

Are you 55 years of age or over? Yes No Are you a Veteran of the US Military? Yes No

Are you currently employed? Yes No Do you receive Medi-Cal? Yes No

Do you receive benefits from:

	AMOUNT
<input type="checkbox"/> State Disability Insurance (SDI)	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Social Security Retirement Benefits	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Other Source of Income	\$ _____

Annual Household Income: \$ _____ How many people are dependent on this income? _____

Do you speak a second language? Yes No If yes, at what level? Beginner Intermediate Advanced

Are you currently or have you ever been in an employment program? Yes No

If yes, program name: _____ Program Exit Date: _____

List your former occupations: _____

Do you have a resume? Yes No

List organizations/clubs where you are/were a member or where you volunteer: _____

By signing below, I certify that I understand the following:

- This document helps assess preliminary eligibility. A thorough program application will be required for establishing enrollment and wait lists.
- If I am determined eligible based on the information on this form, I will be required to produce documents as proof during the next stage of the application process.
- All information I provided is true and correct to the best of my knowledge.

Signature: _____ Print Name: _____ Date: _____

For Official Use Only		
Date Received: _____	Staff Name: _____	Qualified: Yes ___ No ___
Comments: _____		