

# DOMINION TRAINING & SUPPORT CENTER

## REQUEST FOR ASSISTANCE AND CLIENT ASSESSMENT

Dominion Training & Support Center provides assistance based on available resources and requirements. We are a 501(c)(3) nonprofit organization.

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

Start Date of Class: \_\_\_\_\_ PIN #: \_\_\_\_\_

End Date of Class: \_\_\_\_\_ **Are You Bilingual?** Yes  No

**Client Information:** Have you been here before? Yes  No  If yes, when? \_\_\_\_\_

First Name _____	Last Name _____
Street _____	Apt. # _____ Apt. Name _____
City, State _____	Zip _____ County _____
Home Phone (____) _____	Work Phone (____) _____
Other Phone (____) _____	Cell Phone (____) _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Social Security # _____	Spouse's S.S. # _____
Driver's License or ID # _____	State _____
Have you committed any felonies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you committed any misdemeanors? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, to any felonies or misdemeanors, please explain: _____	
_____	
_____	
_____	

Education Level: (last year of school or college completed) \_\_\_\_\_

**ARE YOU A U.S. CITIZEN?** Yes  No

**Have you registered with Workintexas.com?**  
Yes  No

**Please list all persons living in your household whether related or not:**

Name	Sex	Age	Birth Date	Ethnicity/Race	Relation to Client
(Self)					(Self)

**SELECT ONLY 1 CLASS :**

- Microsoft Office  Computer Operating System (A+)  Customer Service  On-line (A+)   
 Quickbook Training  Financial Literacy  Word  Excel  Powerpoint  Access  GED   
 GED Truancy  On-line MOS  ESL  Nurse Aide  Medication Aide

**LOCATION:** 811 S. Akard  St. Philips Community Center  Rosemont Apts – Lancaster   
Marshall

Why do you need help at this time? \_\_\_\_\_

For DTSC Use Only	
	COMMENTS:

**EMPLOYMENT, INCOME AND EXPENSE** (Please fill out as completely as possible and sign)

**Current Employer**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ Hr. Wk Mo Yr

If unemployed, last employer \_\_\_\_\_  
 If unemployed, how long have you been unemployed? (put in date last job ended) \_\_\_\_\_

**Spouse's Employer**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If unemployed, last employer \_\_\_\_\_  
 If unemployed, how long unemployed? (put in date last job ended) \_\_\_\_\_

INCOME	EXPENSES	CASEWORKER
Rate of Pay:(Circle One)	Rent/Mortgage \$ _____	\$ _____
Hr. Wk. Mo. Yr \$ _____	Electricity _____	_____
What is your Gross Salary? _____ (Before taxes & deductions)		
What is your Net Salary? _____ (Take Home Pay)		
What shift do you work? _____ Are you part-time, full-time, on call, commission, or other? _____	Gas (heat) _____	_____
	Water _____	_____
Per Week \$ _____ Per Month \$ _____	Car Payment _____	_____
Client second salary \$ _____	Insurance (auto) _____	_____
Spouse Salary _____	Cell Phone _____	_____
Spouse second salary _____	Credit Cards _____	_____
Unemployment _____	Child Support _____	_____
VA Benefits _____	Laundry _____	_____
Social Security _____	Prescription _____	_____
Disability (SSDI) _____	<b>Child Care</b> _____	_____
Food Stamps _____	Food _____	_____
TANF _____	Diapers _____	_____
Workman's Comp. _____	Furniture _____	_____
Child Support _____	Phone _____	_____
Other Income _____	Other (explain) _____	_____
SSI _____	Other (explain) _____	_____
Death Benefit _____	Health Insurance _____	_____
Other _____	Gasoline - Car _____	_____
	Medicare _____	_____
<b>Total Income</b> \$ _____	<b>Total Expenses</b> _____	\$ _____
Difference _____		

**Notice of Nondiscriminatory Policy as to Students & Clients**

**Dominion Training & Support Center School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.**

**Dominion Training & Support Center has my permission to exchange information regarding my circumstances with other Human Service Agencies. I understand that information on this form may be verified.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_