



A proud partner of the American Job Center network.

WIOA Pre-Eligibility Form

Last Name: _____ First Name: _____ Initial: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

In order to provide services, Capital Area Michigan Works! needs to gather the following information to determine the services that can be provided to you.

Please answer the following questions:

I am currently employed: Yes _____ No _____

I am currently eligible to collect unemployment: Yes _____ No _____

I am currently collecting unemployment: Yes _____ No _____

Have you received Food or Cash Assistance in the past 6 months: Yes _____ No _____

I am a veteran: Yes _____ No _____

I have a High School Diploma or GED: Yes _____ No _____

My total household income for the past 6 months was: _____

Number of dependents living in household, including myself and spouse: _____

In accordance with the Americans with Disabilities Act, this policy will be made available in alternative format upon special request received by Capital Area Michigan Works! Relay Center call 711 or 800-649-3777 (Voice and TDD). An Equal Opportunity Employer/Center.