

DISPLACED HOMEMAKER PROGRAM (DHP) ELIGIBILITY SCREENING TOOL

Participant's Name: (Last) _____ (First) _____ (MI) _____

Social Security Number (SSN)* _____ - _____ - _____ (See Privacy Act Statement Below)

Address: (City) _____ (State) _____ (Zip Code) _____

Primary Phone Number: _____ Alternate Phone Number: _____

Gender - Male: Female: Age: 35-44 45-54 55-64 65+
Race: American Indian or Alaskan Native Asian Black or African American Chinese Haitian
Information Not Available Multi-Racial Native Hawaiian or other Pacific Islander Other White
Ethnicity: Hispanic or Latino Not Hispanic or Latino Others
Selective Service Registration: Yes No Not Applicable

CRITERION 1 - Is 35 years of age or older; AND Verified?

CRITERION 2 - Has worked in the home, providing unpaid household services for family members; AND Verified?

CRITERION 3 - Is not adequately employed(not earning self-sufficient wage), AND Verified?

CRITERION 4 - Has had, or would have, difficulty in securing adequate employment; AND Verified?

CRITERION 5 - Has been dependent on the income of another family member but is no longer supported by such income; OR Has been dependent on federal assistance. Verified?

Eligible? Yes No Documentation to support eligibility for each criterion (check and attach)

I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the DHP. I understand the information is subject to verification and agree to provide such documentation.

Participant Signature: _____ (Signature required) Date: _____ (Required)

This individual meets the DHP eligibility guidelines. Appropriate documentation is maintained in the case file.

Certified By: (Program Manager) _____ (Signature required) Date: _____ (Required)

* PRIVACY ACT STATEMENT

Disclosure of your social security number is voluntary. It is requested however pursuant to Florida Statute 119.017(5)(a)(2). Social security numbers are used by the Agency Workforce Innovation Displaced Homemaker Program for tracking program participation, collection of post-program wage and advanced educational achievement data for measuring program success.