

CUSTOMER PORTFOLIO SUMMARY

PART I - BASIC INFORMATION (TO BE COMPLETED BY CUSTOMER)

Customer Name: _____ / _____ / _____
(First) (MI) (Last) Date

Social Security No: _____ Telephone 1: (____) _____ - _____ Home Cell Other

E-Mail: _____ Telephone 2: (____) _____ - _____ Home Cell Other

Address: _____ , _____ , _____
(No.) (Street Name) (City/Town) (State) (Zip Code)

Highest Grade Completed: _____ Gender: Male Female Date of Birth: ____/____/____

Current status (check all that apply): Employed On layoff notice Dislocated Worker
 Unemployed Unemployment Insurance (UI) Claim Date: ____/____/____

Work experience: (Information on most recent two jobs)

#1	Employer/ Company Info	Company Name	Street Address	City <input style="width: 80%;" type="text"/> State <input style="width: 80%;" type="text"/>	Zip Code
	Reason for Leaving:	Dates of Employment Start ____/____/____ End (if applies) ____/____/____	Job Title	Wages Amount <input style="width: 80%;" type="text"/> Unit <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> annually	Hours per week # <input style="width: 80%;" type="text"/>
#2	Employer/ Company Info	Company Name	Street Address	City <input style="width: 80%;" type="text"/> State <input style="width: 80%;" type="text"/>	Zip Code
	Reason for Leaving:	Dates of Employment Start ____/____/____ End (if applies) ____/____/____	Job Title	Wages Amount <input style="width: 80%;" type="text"/> Unit <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> annually	Hours per week # <input style="width: 80%;" type="text"/>

What is your employment goal? _____

I, _____ (Print Name), certify and attest under the penalty of perjury that all the information I have provided is true and accurate and acknowledge that the accuracy of the information for eligibility is subject to external verification.

Customer Signature: _____

THE SECTION BELOW IS TO BE COMPLETED BY STAFF ONLY

PART II - BASIC ELIGIBILITY INFORMATION

TITLE 1 Dislocated Worker: Boston Resident? Yes No
 Adult: Dislocated from a Boston employer? Yes No
 Boston Resident? Yes No

Household Income (last 12 months): \$ _____ Family size: _____ Income eligible? Yes No

OTHER FUNDING

Are there other potential public funding resources available? Pell Grant TAA/TRA Other (e.g., WtW, MRC) _____

OTHER INFORMATION

US Citizen? Yes No If "No," what is your Alien Registration #: _____
 Selective Service Compliance? Yes No N/A

Customer Name: _____

SSN: _____

Funding Source: American Recovery and Reinvestment Act (ARRA)

PART III -- INTENSIVE EDUCATIONAL ASSESSMENT

Grade Levels: _____ Reading _____ Math

How determined? Test Test name: _____ Other If "other", describe method: _____

Fluency (if applicable): _____ SPL (BEST test) _____ Other score/outcome (if not determined by BEST test)

If "other score/outcome", please describe method: _____

Educational assessment conducted at: _____ completed on ____/____/____
Name of organization Date

PART IV -- CERTIFICATION OF CUSTOMER'S TRAINING PROVIDER SELECTION

Training Provider Information

The customer has determined that s/he wishes to pursue training at:

Provider Name: _____ Course ID: _____

Program Name: _____ Total Hours: _____

Address: _____
(No.) (Street Name) (City/Town) (State) (Zip Code)

Contact Name: _____ Contact Phone (____) _____ - _____ Start date: ____/____/____

Contact Fax (____) _____ - _____ Contact E-mail: _____ End date: ____/____/____

PROGRAM COSTS Tuition: _____
 Fees (e.g., registration): _____
 Other (e.g., books, uniforms, certification, tools): _____

TOTAL PROGRAM COST: \$ _____

Pell Grant, other funding sources, Provide amount: - \$ _____

Loans, Provide amount: - \$ _____

TOTAL VALUE \$ _____

TO BE COMPLETED BY CUSTOMER

I, _____ (Print name),

Agree to provide and/or release employment and educational information to Training Provider and JCS staff.

Customer Signature: _____

Date: ____/____/____

Training Provider Signature: _____

Date: ____/____/____

EDIC/JCS Signature: _____

Date: ____/____/____

Date: ____/____/____