Workforce Solutions Borderplex utilizes a family-focused approach emphasizing financial stability through education/training and employment, early childhood education, networking, and health and well-being to assist families in achieving their goals.

Research shows that this approach has many benefits for families and for preparing children for school. School readiness begins at birth and parents are their children’s first teachers. This is why we offer Parents as Teachers services and opportunities for early childhood education along with workforce services.

|  |
| --- |
| **Parent Information** |
| Parent’s/Guardian’s Name: |
| TWIST ID or last four digits of Social Security number: |
| Address: City Zip Code Home Phone: Email: Cell Phone: May we text you? □ Yes □ NoWork Phone: What is your preferred method of contact:□ Home Phone □ Cell Phone □ Work Phone □ Email □ Text □ U.S. Postal Service Mail |
| **Family Information** |
| Is your family’s parenting composition: □ One Parent-Female □ One Parent-Male □Two-Parent |
| Check all that apply to your family:* Teen parent □ Relative providing care for child □ Parent is incarcerated
* Foster Parent □ Parent is/was in the military □ Parent works in agriculture
* Other
 |
| Number of children: In the family , 5 years or younger , Attending School  |
| Children’s Names and Ages: |

|  |
| --- |
|  |
| Do you have reliable child care? □ Yes □ No |
| Primary language spoken by the family when at home:  |
| What is the highest level of education you achieved? Spouse?  |
| Are you currently attending high school, GED or post-secondary education? □ Yes □ NoIf yes, type of schooling: Location: Expected completion date:  |
| What is your family’s primary mode of transportation:□ Own Car □ Bus □ Family/Friend □ Taxi □ Other  |
| **Family Housing** |
| Current Type of Housing:□ House □ Apartment □ Homeless Shelter □ Friend/Family □ Other  |
| Which of the following describes your type of housing payment:* Rent □ Housing Subsidy □ Own/Mortgage □ None - living with a family member/friend
* Basic Allowance for Housing (military) □ Other
 |
| Frequency of housing payment: □ Monthly □ Weekly □ Other  |
| In the past 12 months, how many times has your family moved:  |
| Is your current housing situation a stable housing situation? □ Yes □ No |
| **Program and/or Agency Information** |
| Check all that apply - Currently Participating in:* Workforce Services □ SNAP E&T Services □ WIOA Services □ Choices Services
* TAA Services □ Parents as Teachers (PAT) Participant □ Child Care Services
* Veteran Services □ MET Services □ Vocational Rehabilitation Services
 |

Customer Signature:

Date:

# Referring to Agency/Program for Assistance

Check all that apply:

* Workforce Services □ SNAP E&T Services □ WIOA Services □ Choices Services
* TAA Services □ Parents as Teachers (PAT) Participant □ Child Care Services
* Veteran Services □ MET Services □ Vocational Rehabilitation Services

Staff Name (Print):

# Agency providing the referral:

Check referring agency:

* Workforce Services □ SNAP E&T Services □ WIOA Services □ Choices Services
* TAA Services □ Parents as Teachers (PAT) Participant □ Child Care Services Staff Name (Print):

Date: