## Minnesota SNAP Employment and Training Pre-Assessment Form

Name:	Date:	Phone:	Phone Type:
Address: Street	City	County	Zip
Date of Birth:	Gender:	☐ Male ☐ Fe	male   Not Specified
Ethnicity: (check one)			
$\square$ Did not self-identify $\square$ Person is F	Hispanic or Latino $\Box$ Person	is not Hispanic or	Latino
Race: (check all that apply)  ☐ American Indian or Alaska native ☐ ☐ Hawaiian Native/Pacific Islander ☐			
Limited English Proficiency: $\square$ Ye	es 🗆 No		
Citizen/Right to Work: (check one)	☐ Citizen ☐ No ☐ Right	o Work	
Labor Force Information: (check or ☐ Employed full-time (30+ hours/weel ☐ Employed, received termination not Employed, was self-employed, farm ☐ ☐ Not in Labor Force	k) Employ tice/military separation \( \Boxed{1} \) N	lot Employed, was	than 30 hours/week) not self-employed
Unemployment Benefits Status: (☐ Exempt from Work Search ☐ Exhaud Claimant referred by RESEA ☐ Claimant In past 52 weeks, how many weeks have	ustee   Neither claimant or nt referred by WPRS	exhaustee $\square$ Not	referred by RESEA or WPRS 🗌
Education: What is the highest level of Pre-Enrollment Education Status  ☐ Student, Alternative School ☐ Student, English reading skills grade level:	: (Check one)	ling: H.S. Dropout	
<b>Family Status</b> : (Check one) $\square$ Not a member $\square$ Parent in two-parent famil		mily member $\Box$ P	arent in one-parent family
<b>Disability Status</b> : (check one) ☐ Disabled—not a barrier to employment		sabled 🗌 Disabled	d—barrier to employment $\Box$
Other information: (check all that a dependent $\square$ In chemical dependency		Have a crimina	al record $\square$ Been chemical



