

## WARD 8 WORKS PARTICIPANT PROFILE

### PARTICIPANT INFORMATION

Name:			
Date of Birth:     /     /	Phone: (     )     -	Mobile	Home   Work   Other
Current Address:			
City:	State:	ZIP Code:	
Email Address:		Ward: 1   2   3   4   5   6   7   8	
Do You Have a Government Issued ID?   Yes    No			
Do You Have Dependents?   Yes    No            If Yes, do they live with you?   Yes    No			
Last 4 Digits of Social Security Number:			

### EMERGENCY CONTACT

Name of a person <u>not</u> living with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### EDUCATION INFORMATION

Highest Grade Completed:	Earned GED or HS Diploma?   Yes    No	Some College:   Yes    No
Do you have any Construction Related Training?   Yes    No		
Do you have any Construction Related Certifications?   Yes    No            If Yes, List Below		
1)	2)	3)

### PUBLIC ASSISTANCE

Do you receive any of the following types of support?									
<input type="checkbox"/>	TANF	<input type="checkbox"/>	SSI	<input type="checkbox"/>	Transportation Stipend	<input type="checkbox"/>	SNAP	<input type="checkbox"/>	CSOSA
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	DC Homeless Services	<input type="checkbox"/>	WIC	<input type="checkbox"/>	ORCA
<input type="checkbox"/>	Vocational Rehab	<input type="checkbox"/>	Public Housing	<input type="checkbox"/>	Housing Voucher	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
Other:									

### BARRIERS

Of the following, what challenges below make it difficult for you to work?					
<input type="checkbox"/>	No Fixed Address	<input type="checkbox"/>	Mental Health Challenges	<input type="checkbox"/>	Time Management
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Substance Abuse Challenges	<input type="checkbox"/>	Literacy Challenges (Can't Read)
<input type="checkbox"/>	Prior Arrests	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Physical Health Challenges	<input type="checkbox"/>	Other:		

### SERVICE PROVIDERS

Have you received services or participated in programs with the following agencies within the last 12 months?					
<input type="checkbox"/>	Far Southeast Collaborative	<input type="checkbox"/>	UPO	<input type="checkbox"/>	OIC
<input type="checkbox"/>	CC Prep	<input type="checkbox"/>	Youth Build	<input type="checkbox"/>	SOME
<input type="checkbox"/>	Career Paths DC	<input type="checkbox"/>	DOES	<input type="checkbox"/>	DBH
<input type="checkbox"/>	PDSDC	<input type="checkbox"/>	Community Connections	<input type="checkbox"/>	Community of Hope
<input type="checkbox"/>	Congress Heights CTDC	<input type="checkbox"/>	Other:		

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### EMPLOYMENT INFORMATION

Are you currently employed?    Yes          No          Never	Employer Name:
Length of time on current job:    Less than 1yr    1yr    2yrs 3yrs or more	Employer Telephone Number:
What are your best working hours?    (5:00am –1:00pm)    (7:00am-3:00pm)    (9:00am –5:00pm)    (3:00pm –11:00pm)    (11:00pm - 7:00am)    (All Day/Any Hours)    (I am flexible)	

<p><b><u>List 3 Personal Strengths:</u></b> <b>(What are you good at doing?)</b></p> <p>1)</p> <p>2)</p> <p>3)</p>	<p><b><u>List 3 Personal Challenges:</u></b> <b>(What things do you need to work on?)</b></p> <p>1)</p> <p>2)</p> <p>3)</p>
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### WORK EXPERIENCE

Do you have any construction experience in any of the following areas? <b>YES</b> <b>NO</b> If Yes, please check all that apply:			
<input type="checkbox"/>	Construction Helper	<input type="checkbox"/>	Brick Mason Helper
<input type="checkbox"/>	Electrician Helper	<input type="checkbox"/>	Paint/Plaster Helper
<input type="checkbox"/>	Plumbers Helper	<input type="checkbox"/>	Pipe Fitters Helper
<input type="checkbox"/>	Roof Helper	<input type="checkbox"/>	Demolition/Abatement
<input type="checkbox"/>		<input type="checkbox"/>	Carpenter Helper
<input type="checkbox"/>		<input type="checkbox"/>	Pipe Layer Helper
<input type="checkbox"/>		<input type="checkbox"/>	Steam Fitters Helper

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information provided on the Ward 8 Works Participant Profile is voluntary and will become a part of an electronic W8W Cohort Participant Tracking system which will be maintained on the Office of the Deputy Mayor of Economic Development (ODMPED) computer server.

By providing information on this form, you hereby consent to the information being shared with the Ward 8 Works Core Group which is made up of federal and local government agencies, nonprofits, developers and contractors responsible for connecting participating residents with employment opportunities on Ward 8 development projects.

Information contained in the electronic W8W Cohort Participant Tracking system may also be used to track, monitor and provide other supportive services to residents. Residents may always choose to accept or decline any employment or additional supportive services offered.