**Category 4 – Barrier Reduction Only**

* *Lives in a QCT or DIA OR applying with a  provider located  in a QCT or DIA.  AND*
* *Age Range:  16+  AND*
* *Authorized to work: yes   AND*
* *Registered for selective services if male at birth and 18+: yes AND*
* *Current Situation: unemployed OR underemployed OR  underrepresented   AND*
* *COVID Impact: Unemployment OR Increased food or housing insecurity OR Health Related*
* Must be enrolled in a complementary job training program

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| **Section** | **Field** | **Response Options/Edit Checks/Comments** |
| Profile | First Name | *Prepopulate (required for IwN account)* |
| Profile | Last Name | *Prepopulate (required for IwN account)* |
| Profile | Date of Birth | *Prepopulate (required for IwN account)* |
| Profile | Social Security Number | Pulls in existing information if available.  If prepopulated, only show the last four digits.  Checks for proper SSN format. |
| Profile | Confirm Social Security Number | Must match the SSN field.  Cannot copy and paste the SSN into the confirm field.  Display as xxx-xx-#### once entered |
| Profile | Email | *Prepopulate (required for IwN account)* |
| Profile | Street Address 1 |  |
| Profile | Street Address 2 |  |
| Profile | City |  |
| Profile | State |  |
| Profile | ZIP Code | *Prepopulate (required for IwN account)* |
| Profile | ZIP Code Plus Four | *Auto populates based on address* |
| Profile | Primary Phone | Prepopulate from screening |
| Profile | Primary Phone Type | Mobile, Home, Work |
| Profile | Alternate Phone | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Profile | Alternate Phone Type | Mobile, Home, Work |
| Profile | Race | American Indian or Alaskan Native  Asian Indian  Black or African American  Chinese  Guamanian or Chamorro  Japanese  Korean  Native Hawaiian  Other Asian  Other Pacific Islander  Pilipino  Samoan  Vietnamese  White  Unknown |
| Profile | Ethnicity | Cuban  Mexican, Mexican American, Chicano/a  Non-Hispanic/Latinx  Puerto Rican  Another Hispanic, Latinx or Spanish Origin  Unknown |
| Profile | Gender at Birth | Female, Male, Prefer not to answer |
| Profile | Preferred Gender Identification | Female, Male, Non-binary |
| Profile | Authorized to work in the US | yes  no |
| Profile | Registered with Selective Service | Only ask if the person is a male at birth and 18+ |
| Profile | Selective service number | Only ask if the person is a male 18+ and answer Yes to the selective service question. |
| Profile | Military Status | Active Military  Recently Separated Veteran  War or Combat Veteran  Retired Veteran  Disabled Veteran  None |
| Profile | Situation(s) that best describe the participant | I am unemployed.  I am qualified to have a higher skilled position than my current job.  I have situations that prevent me from working.  None of the above |
| Profile  (new) | Number of people in the household |  |
| Profile  (new) | Household monthly income |  |
| Profile  (new) | Situation(s) that best describe how the participant was negatively impacted by COVID. | *Ask only if the customer or provider’s address is not in a QCT or DIA —--*  No negative impact  Unemployed  Increased food or housing insecurity  Health Related |
| Profile  (new) | What other training program is this participant in | multi select   * Apprenticeship Illinois * Illinois Works * Title 1B * Youth Career Pathways * Other (Provide a fillable box) |
|  |  | determine and show eligibility based on criteria section |