Maryland State Department of Education **Division of Rehabilitation Services** Instructions for the Barriers to Employment Page in AWARE

The Workforce Innovation and Opportunity Act requires DORS and other workforce programs to collect information on factors which may result in barriers to employment. In addition to assisting your DORS counselor to better understand your unique needs, the questions below may help your counselor locate other community resources and benefits that will assist you.

Instructions:

- This information is required as of the first Individualized Plan for Employment (IPE). •
- If employed, provide requested employment information in Section 1. •
- For each question below in Section 2, review the reasons why you would select "Yes," and then select "Yes," or "No." •

Participant ID:

Section 1: Employment Status at Plan: (Leave this section blank if you are not currently employed)
What is your job title?
Have you received a Worker Adjustment & Retraining Notification (WARN)? Yes No
Section 2: Barriers to Employment Information: 1. Are you Long-Term Unemployed? Yes No Select "Yes" if you are now unemployed and have been unemployed for the previous 27 (or more) consecutive weeks, regardless of your age or school status.
 2. Are you currently homeless? Yes No Select "Yes" if: You are living with others or in a shelter due to economic hardship or lack of adequate accommodations, or You stay at night in a car, abandoned building, airport, park, or other public or private place not ordinarily used as a place for sleeping, or You are under the age of 18 and have left home without permission or are waiting for foster care.
 3. Are you or were you in foster care? Yes No Select "Yes" if: You are under the age of 25 and one of these is true: I am currently in a foster care program, or I was formerly in a foster care program and have since aged out.
 4. Do you qualify as an ex-offender? Yes No Select "Yes" if: You have been subject to any stage of the criminal justice process for committing a status offense or delinquent act and, as a result, one or more of the following is true: Employers running a background check against national data will find you have a history of arrest, charges, prosecution, and/or conviction, or Anyone using the Maryland Judiciary Case Search will find you were a defendant in a criminal case, or You require assistance in overcoming barriers to employment resulting from a record of arrest or conviction.
 5. Do you qualify as someone who has "low income"? Yes No Select "Yes" if: You are homeless, <u>or</u> a youth living in a high poverty area, <u>or</u> You are a youth in foster care <u>or</u> a student eligible for free or reduced price lunch, <u>or</u> You or the family with whom you live either receive now or received in the six months before applying for services one or more of the following: SSI, state or local income-based public assistance, or food stamps (SNAP), <u>or</u> Your own income is at or below the poverty line or you are in a family whose total income does not exceed the higher of the <u>U.S. poverty guideline</u> (Reference: <u>www.doleta.gov/llsil/</u>) or 70% of the lower living standard income level.
See your DORS counselor to obtain this form in Braille, in large print, on disk or in other format.

RS-4s:1/19 Required

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 6. Do you have limited English skills? Yes No Select "Yes" if: You have limited ability to speak, read, write, or understand English, and one or more of these statements are true: English is your second language, Or English is not the primary language in the family or community in which you live.
 7. Do you have a low level of literacy or are you lacking in basic skills? Yes No Select "Yes" if: You are under the age of 25 with less than 8th grade reading, writing, or math skills on standardized school tests, <u>or</u> You are a youth or adult who is unable to use English to read and write or to use math at a level needed to maintain employment or function at home or in the community.
 8. Do you have any cultural barriers to employment? Yes No Select "Yes" if: You have attitudes, beliefs, customs, or practices derived from your cultural experience which may hinder employment. You may choose not to self-disclose.
 9. Are you a single parent? Yes No Select "Yes" if: You are single, separated, divorced, or widowed and either are pregnant <u>or</u> have a dependent child less than age 18. You may choose not to self-disclose.
 10. Are you a displaced homemaker? Yes No Select "Yes" if: You previously provided unpaid service to family members in the home, and You are now unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment, and One of these statements is true: You were dependent on the income of another family member but are no longer supported by that income, or You are the dependent spouse of a member of the Armed Forces whose family income has reduced significantly because of deployment, a call or order to active duty, a permanent change of station, or service-connected death or disability.
 11. Are you a migrant or seasonal farmworker? Yes No Select "Yes" if: You did qualify as one who has "low income" (above), and you have been primarily employed in agriculture or fish farming labor for 12 months during the two years prior to applying for DORS services, and have been chronically unemployed or underemployed, and you now face multiple barriers to economic self-sufficiency, or You are a seasonal farmworker whose agricultural labor requires travel to a job site such that you are unable to return to a permanent place of residence within the same day, or You are dependent on someone described above as a seasonal or migrant farmworker.
 12. Will you exhaust TANF within the next two years? Yes No Select "Yes" if: You are receiving TANF now or you have received TANF previously, and You are within two years of exhausting lifetime eligibility for TANF (even if you are not currently receiving TANF benefits at the time of the initial IPE). You are within two years of exhausting the lifetime benefit if you have received TANF for at least 36 total months any time during your lifetime.
To the best of my knowledge, my responses are complete and correct.
Participant Signature/Date:
Participant's Representative Signature/Date:
See your DORS counselor to obtain this form in Braille, in large print, on disk or in other format.