

MOSES

Ensure that the **Basic tab** has been completed in full & that the WPP Expansion program has been selected under the Career Center Specific programs list.

Job Seeker Membership (Testing, Testing)

Testing, Testing

SSN: XXX-XX-1112 ID: 12843234 JQ B Survey

Basic | Full | Education | Work History | Events | Alerts | Career Plan/Youth155 | Services | Special Programs |

General Information

First Name: Testing Middle Initial:
 Last Name: Testing Sex: Female
 Date of Birth: 01/01/1960 Military:
 Release Information?: Yes No Other Eligible:

Residence Address | Mailing Address |

Address

Address: 19 Stanford Street

Career Center Specific Programs

Program Name: Referral - Work, Inc. Apply:

DTA Work Program Participant (wPP)

SNAP WPP Expansion Program

ISPAN Projects
 STEMpower - The Work Place
 TalentConnect
 VETS - VR&E program
 wFTP DYT
 Y13 Related TwP Only

Worked in agriculture or food processing in the last 12 months?

Career Center

Trade | Eligibility | OK | Cancel | Cancel

<input checked="" type="checkbox"/> Job Seeker Membership (Test, Test)		SSN: 999-16-1932 ID: 12498409 JQ	
Test, Test			
Basic Full Education Work History Events Alerts Career Plan/Youth ISS Services Special Programs			
Survey			
General Information		Military Information	
Barriers		Assistance/Disaster Relocation	
Additional Information			
✓ Employed: <input type="checkbox"/> Not Employed <input type="checkbox"/> Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No			
✓ Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Disclosed			
Type: <input type="checkbox"/> Mobility <input type="checkbox"/> Mental <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Cognitive <input type="checkbox"/> Learning Disability <input type="checkbox"/> Chronic Health Condition			
Primary Language: <input type="checkbox"/> English		Language Details: <input type="checkbox"/>	
Dislocated Worker <input type="checkbox"/>		Claimant ID	
Summer Youth <input type="checkbox"/>		Date Verified: <input type="checkbox"/>	
Permanently Separated (HITG): <input type="checkbox"/>		Verified By: <input type="checkbox"/>	
Last Modified: 00/00/0000		Education	
Economically Disadvantaged		✓ In School: <input type="checkbox"/> Yes <input type="checkbox"/> Yes - In Alternative School <input checked="" type="checkbox"/> No	
✓ Family Size: <input type="checkbox"/>		✓ Highest Degree: <input type="checkbox"/> Some College Highest Education Grade: <input type="checkbox"/> 17	
✓ Is your family income for the last six months below \$5,885.00? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Work Search Verification	
Migrant Status		✓ Seasonal Farm Worker, Non Migrant <input type="checkbox"/> <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> <input type="checkbox"/> Migrant Food Processor <input type="checkbox"/>	
Career Objective / Summary		Long-Term Unemployed (27+ weeks) <input type="checkbox"/>	
Viewable to Employers on the Internet (JobQuest) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trade <input type="checkbox"/>		Eligibility <input type="checkbox"/>	
Match Criteria <input type="checkbox"/>		Run Match <input type="checkbox"/>	
Eligibility Criteria <input type="checkbox"/>		OK <input type="checkbox"/>	
Cancel <input type="checkbox"/>			

Basic Full Education | Work History | Events | **Alerts** | Career Plan/Youth ISS | Services | Special Programs | Survey

General Information | Military Information | Barriers **Assistance/Disaster Relocation**

Assistance Categories

<input type="checkbox"/> TAFDC	Long Term <input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Refugee Assistance	<input type="checkbox"/> Chapter 115 Veteran Benefits
<input type="checkbox"/> EAEDC	TAFDC:	<input checked="" type="checkbox"/> SNAP (Supplemental Nutrition Assistance)	<input type="checkbox"/> Ticket to Work
<input type="checkbox"/> SSI	<input type="checkbox"/> Free/Reduced Price Lunch	<input type="checkbox"/> SSDI	<input type="checkbox"/> Previous SSDI Recipient

Disaster Relocations

Relocation Date	Relocated From	Relocation Reason	Enter Other Description	<input type="button" value="Add"/>
				<input type="button" value="Delete"/>

On the **Assistance/Disaster Relocation** sub-tab, indicate that the participant receives SNAP by checking the SNAP box.