



## Community Benefits Agreement Targeted Worker Survey Form

All information provided is voluntary and confidential.

WORKER INFORMATION			
Worker Name:		Contractor:	
Home Address:			Zip Code:
Phone Number:		Email:	
Project Name:			
TARGETED WORKER GOAL			
SANDAG's Community Benefits Agreement requires that ten (10) percent of total construction craft hours worked on each Covered Project be performed by Targeted Workers. A Targeted Worker is an individual who faces one or more of the following barriers to employment <b>at the initial time of employment on the Covered Project:</b>			
<input type="checkbox"/>	Is a Veteran or is eligible spouse of a Veteran of the United States armed forces		
<input type="checkbox"/>	Is an Apprentice with less than 15% of the work hours required for completion of the Apprenticeship Program		
<input type="checkbox"/>	Has no high school diploma or GED		
<input type="checkbox"/>	Is homeless or has been homeless within the last year		
<input type="checkbox"/>	Is a former foster youth		
<input type="checkbox"/>	Is a custodial single parent		
<input type="checkbox"/>	Is experiencing protracted unemployment (receiving unemployment benefits for at least three months)		
<input type="checkbox"/>	Is a current recipient of government cash or food assistance benefits		
<input type="checkbox"/>	Has a documented income at or below 100% of the Federal Poverty Level		
<input type="checkbox"/>	Is formerly incarcerated		
<input type="checkbox"/>	Is a graduate of an apprenticeship readiness program approved to use the multi-craft core curriculum (MC3)		
<input type="checkbox"/>	<b>DECLINE TO STATE</b>		
<i>Specify what document(s) or method(s) were used to verify Targeted Worker status:</i>			

***I certify that the above information and attached documentation are true and correct.***

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

**FOR OFFICE USE ONLY:**

Form uploaded to LCPtracker     Demographic Classification Marked    Date: \_\_\_\_\_

Jobs Coordinator Name: \_\_\_\_\_



## TARGETED WORKER SURVEY FORM

### POSSIBLE VERIFICATION METHODS OR DOCUMENTS

- DD214
- Proof of current veteran benefits
- Union Dispatch Slip
- Apprenticeship status from union apprenticeship program
- Self-Certification with copy of Driver's License/ID
- Letter from shelter or temporary living space
- Shelter voucher/Release/Check out paperwork from shelter
- Record from County Foster Care
- Transition Housing Referral forms for emancipated foster youth
- Department of Public Social Services (DPSS) Notice of Action
- DPSS Certification
- Income Tax Return (to show qualifying child lived with individual for 6+ months)
- Unemployment Insurance Benefits printout / Statement of remaining benefit
- Employment Development Department (EDD) printout
- Letter from an agency assisting with unemployment
- Probation Department Documentation
- Court Documentation
- Certification of Rehabilitation
- Public Agencies certification form
- Copy of Welfare Card/EBT Card
- Check Stub / letter from public assistance agency
- Paperwork from agency showing benefits received or remaining
- CalWorks or medical forms
- Food Stamp Letter (SNAP, CalFresh)
- MC3 Certificate
- Other documents, subject to the SANDAG's approval