

Pre-Screening Application
Prince Georges County Department of Social Services
Next Step Training and Education Project

*NOTE: Next Step Training and Education is a professional development program for heads-of household and their dependents.
 Participation in program activities is mandatory.*

PART I. HOUSEHOLD DEMOGRAPHICS

ANSWER EACH QUESTION

Print your legal name (Last, First MI) _____ Your Date of Birth (MO / DAY / YR) _____ PGC DSS Cares Number _____

Mailing Address (Print your current mailing address, including apt #, city, state, and zip code) _____

Best Contact Phone Number _____ Best Email Address _____ Emergency Contact Name _____ Emergency Contact Phone Number _____

Gender or Preferred Pronoun _____ List each of your children including first and last names, and their DOB (for example Nicole Jones 10/08/18; Jamal Harris 2/10/14; Joshua Harris 12/01/23) _____

PART II. BENEFIT INFORMATION

CHECK CURRENT OR PAST OR NEVER FOR EACH FORM OF ASSISTANCE LISTED BELOW.

	PAST	CURRENT	NEVER
Temporary Cash Assistance (TCA)			
Supplemental Nutrition Assistance Program (Food Stamps)			
Medical Assistance (MA)			
Purchase of Care (POC)			
Emergency Assistance			
Foster Care Placement or TCA Dependent			

PART III. EDUCATION BACKGROUND

INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED

Grade	HS/GED
Some College	Associates
Bachelors	Masters Post Grad
Currently enrolled in Adult Ed/GED Courses: (list school):	
Current or	Former student at Prince George's Community College, last date attended:

PART IV: EMPLOYMENT INFORMATION

Currently unemployed but have previous work experience in: _____

Currently employed – Employer Name: _____

Position/Title: _____ Date of Hire: _____

Current Hourly Rate: _____ **OR** Current Annual Salary \$ _____

Check all that apply FT w/benefits FT w/o Benefits PT Temp Seasonal

Contractual PART V: ELIGIBILITY

I am assigned to an **Employment and Training Vendor** (list agency): _____

SIGN BELOW TO CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

Applicant Signature _____ **Date** _____

*** NOTE: Forward the completed and signed document to the Office of the Assistant Director, PGCDSS, 805 Brightseat Rd., Landover, MD 20785

Vendor Approval: This student is approved to participate in the NSTEP as a part of their FWDA.

Printed Name: _____ Date: _____

Signature: _____ Agency Name: _____

PGC DSS Approval This student's request for participation in the NSTEP is denied or approved.

Signature: _____ Date: _____

Forward the completed document to the Office of the Assistant Director, PGCDSS, 805 Brightseat Rd., Landover, MD 20785