 Outlook Academy

Township General Assistance Survey

Please complete this form to the best of your knowledge. ***Please note that this information is kept confidential and your answers are used for data collection only; your name and information will never be given out without your permission***.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle “Y” for yes or “N” for no**

1. Are you 18 years old or older? Y N
2. Are you currently employed? Y N
3. Do you have dependents (children)? Y N
4. Do you collect benefits? Y N