



SkillUP First Contact Form

Name	
Date of Birth	
DCN	
Telephone #	
Email Address	
Referred By	
Today's Date	

Please complete the following as part of your initial contact with participant:

1. How were you referred here _____ (FSD, Career Center, other resource)?
2. What is your understanding about the SkillUp Missouri program?
3. What type of educational training are you looking for?
4. What is your career goal?
5. Do you have your HS diploma or GED?
6. Do you want to reduce or eliminate your SNAP benefits with this training?
7. Can you and are you willing to work full-time (after your training ends)?
8. Are you receiving any other benefits? If yes, by working will this affect your benefits?
9. Are you willing to maintain regular contact via phone, email, and in-person?
10. Can you think of anything that would keep you from meeting these expectations at this time?