MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY | WORKFORCE DEVELOPMENT

Special Populations Eligibility Determination and Planning Template

STUDENT INFORMATION

Student Name _____ ID# _____

Address _____

Phone _____ Email _____ Date of Birth _____

Gender Identification _____

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Number of Dependents _____ "Other" Dependents (individual in your care) _____

Are you, spouse, or immediate family member in the military? ☐ Yes ☐ No

Are you in foster care system, or have aged out of foster care system? ☐ Yes ☐ No

Have you received services through Michigan Rehabilitation Services, Bureau of Services for Blind Persons, or Veterans Administration? ☐ Yes ☐ No

Are you in need of academic accommodations due to a disability? ☐ Yes ☐ No
If yes, explain:

Is English your primary language? ☐ Yes ☐ No If no, specify _____

Are you a U.S. Citizen? ☐ Yes ☐ No

GOALS

What are your educational goals? ☐ Certificate ☐ Associate Degree ☐ Bachelor's Degree

☐ Other – please explain:

Are you planning to transfer to a four-year institution or other postsecondary training program? ☐ Yes ☐ No

Explain:

What is your program of study? _____

WORK HISTORY

Are you currently employed? ☐ Yes ☐ No

If yes ☐ Full Time ☐ Part-Time ☐ Self-Employed

EDUCATION

Do you have a High School Diploma or GED? ☐ Yes ☐ No

Highest grade completed _____

How long have you been enrolled at the college/institution? _____

Have you attended any other postsecondary institutions or training programs? ☐ Yes ☐ No

If yes, did you complete the program or receive a certification or degree? ☐ Yes ☐ No

INCOME

What is your current income? _____

If not employed, what is your source of income and the amount? _____

If you are a dependent student (under age 24), are your parents/guardians assisting you with your educational expenses? ☐ Yes ☐ No

FINANCIAL ASSISTANCE

Have you received any scholarships and/or grants this academic year? ☐ Yes ☐ No

If yes, explain

Have you completed the Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No

Are you receiving any financial/food assistance/rent assistance? ☐ Yes ☐ No
If yes, what type?

Are you receiving assistance from the Michigan Department of Health & Human Services (MDHHS)? ☐ Yes ☐ No
If yes, what type of assistance are you receiving?

☐ Childcare

☐ Supplement Nutrition Assistance Program (SNAP)

☐ Medicaid

☐ Housing

☐ Other (Describe) _____

Describe your needs:

ASSISTANCE REQUESTED/RESOURCES

In what areas are you requesting assistance? (Select as many as are applicable):

☐ Tuition & Fees	☐ Books & Supplies	☐ Academic Advising
☐ Personal Counseling	☐ Career Guidance	☐ Transportation
☐ Internship	☐ Food Assistance	☐ Child Care (while attending college)
☐ Tutoring	☐ Disability Services	☐ Other

Check the semester for which you are requesting assistance ☐ Fall ☐ Winter ☐ Spring ☐ Summer

School Year _____

Is there anything else you would like to discuss or want to convey which will assist in gaining a better understanding of you and/or barriers that may impact your success?

SPECIAL POPULATIONS CATEGORY

Which category or categories best describe the student?

- ☐ Individual with a disability
- ☐ Economically disadvantaged
- ☐ Individuals preparing for non-traditional field
- ☐ Single parent (including single pregnant women; including low-income youth and adults)
- ☐ Out-of-workforce individuals
- ☐ Youth who are in, or have aged out of the foster care system
- ☐ Youth with a parent who is a member of the armed forces and is on active duty
- ☐ Migrant student
- ☐ English learner
- ☐ Homeless individual

Obstacles to Success (Check all that apply):

☐ Childcare	☐ Family responsibilities	☐ Job/Work schedule
☐ Transportation	☐ Housing	☐ Finances
☐ Legal issues	☐ Mental Health/Emotional Health	☐ Disability
☐ Medical Issues	☐ Substance Abuse	☐ Unemployment
☐ Food Insecurity	☐ Lack of Family/Friend Support	☐ English as a second language
☐ Study strategies	☐ Learning styles	☐ Books and supplies for class
☐ Test anxiety	☐ Computer Skills	☐ Internet Access
☐ Tutoring	☐ Poor academic skills/preparation	
☐ Getting along in class with classmates/instructor		☐ No current obstacles

☐ Other: _____

Notes (Please feel free to add additional pages if needed)

Institution Staff Signature _____ Date _____

Office Use Only: Special Population Determination

Special Population Categories:

- Individuals with a disabilities
- Economically disadvantaged families
- Individuals preparing for non-traditional fields
- Single parents (including single pregnant women; including low-income youth & adults)
- Out-of-workforce individuals
- Youth who are in, or have aged out of the foster care system
- Youth with a parent who is a member of the armed forces and is on active duty*
- Migrant students*
- English Learners
- Homeless individuals

*Student may be eligible, and services provided, but data is not reported for this category.

Special Population Eligibility Category _____

Gender Identification _____

Career & Technical Program of Study _____

Needs:

Resources Recommended:

Upon review of the students' education, employment goals, unique needs

☐ Yes ☐ No