

TARGETED WORKER SURVEY FORM

All information provided is voluntary and confidential.

Please return this form to the PLA Coordinator – LFbernard@sandiego.gov or MOelschlager@sandiego.gov (626) 720-7285

WORKER INFORMATION

Worker Name:			Contractor:		
Address:				Zip Code:	
Phone Number:		Email:			

CITY RESIDENTS GOAL

Employment of City Residents: 35% of all Craft Hours: (PLA Section 4.5(b)) The Contractors and Unions agree to work together to achieve a goal of at least 35% of the total construction craft hours worked on each covered project be performed by City Residents. A City Resident is a City of San Diego permanent resident at the time of initial employment on a Covered Project or a Veteran residing anywhere.

TARGETED WORKERS GOAL

Transitional Worker 10% of all Craft Hours: (PLA Section 4.5 (c)) The Contractors and the Unions agree to work together to achieve a goal of 10% of the total construction craft hours worked on each covered project be performed by Targeted Workers. A Targeted Worker is defined as any individual qualifying for one or more of the following criteria. **Please check all that apply & return required verification documents.**

Targeted Worker	Verification Documents (REQUIRED)															
<input type="checkbox"/> Being a Veteran or is eligible spouse of a Veteran (Veterans qualify as a Targeted Worker regardless of the location of their primary residence)	<input type="checkbox"/> DD214 <input type="checkbox"/> Proof of current veteran benefits <input type="checkbox"/> Eligible Spouse Self Certification: _____ <input type="checkbox"/> Other: _____															
<input type="checkbox"/> At initial time of employment being an apprentice with less than 10% of the apprenticeship hours required to graduate to journey level	<input type="checkbox"/> Union Dispatch Slip <input type="checkbox"/> Apprentice status from union apprenticeship program <input type="checkbox"/> Other: _____															
<input type="checkbox"/> Lacking a GED or High School Diploma	<input type="checkbox"/> Self-Certification															
<input type="checkbox"/> Homeless or has been homeless within the last year	<input type="checkbox"/> Letter from shelter or temporary living space <input type="checkbox"/> Shelter voucher / Release/check out paperwork from shelter <input type="checkbox"/> Self-Certification															
<input type="checkbox"/> Former foster youth	<input type="checkbox"/> Record from County Foster Care <input type="checkbox"/> Transition Housing Referral forms for emancipated foster youth <input type="checkbox"/> Other: _____															
<input type="checkbox"/> Custodial single parent	<input type="checkbox"/> Department of Public Social Services (DPSS) Notice of Action <input type="checkbox"/> DPSS Certification <input type="checkbox"/> Income Tax Return (to show qualifying child lived with the individual for 6+ months) <input type="checkbox"/> Other: _____															
<input type="checkbox"/> Experiencing protracted unemployment (receiving unemployment for at least 3 months)	<input type="checkbox"/> Self-Certification <input type="checkbox"/> Unemployment Insurance Benefits printout / Statement of Remaining Benefits <input type="checkbox"/> Employment Development Department (EDD) printout															
<input type="checkbox"/> A current recipient of government cash or food assistance benefits	<input type="checkbox"/> Public Agency's Certification form <input type="checkbox"/> Copy of Welfare Card/EBT Card <input type="checkbox"/> Check Stub from Public Assistance Agency <input type="checkbox"/> Paperwork from Agency showing benefits received or remaining <input type="checkbox"/> Food Stamp letter (SNAP, CalFresh) <input type="checkbox"/> Other: _____															
<input type="checkbox"/> Documented household income at or below 100 percent of the Federal Poverty Level	<p><i>Please complete the required table below. Use more pages if necessary.</i></p> <table border="1"> <thead> <tr> <th>Name of Person in Household</th> <th>Age</th> <th>Annual Income</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Person in Household	Age	Annual Income												
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<input type="checkbox"/> Formerly incarcerated with a history of involvement in the criminal justice system	<input type="checkbox"/> Court Documentation <input type="checkbox"/> Prison ID <input type="checkbox"/> Self-Certification															
<input type="checkbox"/> DECLINE TO STATE																

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

Worker Signature: _____ Date: _____