



Upper Shore Workforce Investment Board
PO Box 8, Wye Mills, MD 21679
410-822-1716
www.uswib.org

Training Funds Qualifying Questions

Name

Address

Phone Number:

OPIOID

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- 1 ****Have you been impacted by the opioid crisis in any way?** YES NO

How:

SNAP

-
- 2 ****Are you receiving SNAP from the Department of Social Services?** YES NO

County:

COVID PANDEMIC

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- 3 **Were you eligible for unemployment, or did you apply for unemployment during the pandemic?** YES NO

Explain:

- 4 **Did Covid impact your job in any way? (lay off, hours cut, shut down for any time period)** YES NO

How:

- 5 **Were you considered an essential employee during the pandemic?** YES NO

- 6 **Did you continue to work throughout the pandemic from your place of employment not from home or virtually?** YES NO

- 7 **If you were self-employed did you have loss of business income?** YES NO
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PERSONAL IMPACTS OF COVID

- 8 Have you been impacted by Covid? YES NO
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- Were you or a family member diagnosed with Covid? YES NO
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- Were you the primary caregiver of someone that could not attend a school or a facility because there was a closure due to Covid-19? YES NO
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- Were you unable to go to work because you or a family member were quarantined? YES NO
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- Did you quit your job as a direct impact of Covid? YES NO

Other: