

Getting Ahead in the Valley

Participant Application Form

Contact Information

Name: _____

Address: _____

Phone number: _____ cell: _____ email _____

Special Dietary Needs: _____

Date of Birth (MM-DD-YYYY) : _____ Head of Household: circle Yes No

Education: circle College High School-Incomplete High School graduate or GED

Ethnicity: African/American Asian Caucasian Hispanic Middle Eastern

Native American Pacific Other _____

Recommended by: _____ Agency/Church _____

Are there other adult members of your household who have also completed an application for *Getting' Ahead* class? **Each participant needs an individual application.**

Note: Childcare will be provided for children

How many children from YOUR household will need childcare? _____

What are the ages of the children attending? _____

Any children with special needs and / or Dietary needs?

Explain needs. _____

Employment Information (you do not have to be employed to participate in Getting Ahead meetings)

Current work status: Employed Unemployed Veteran Status

Name of Employer: _____ How long have you been at this job? _____

Salary per hour _____ Number of hours worked per week: _____

Total monthly income: _____ (including child support, etc.)

If Currently Unemployed – circle one

Disabled

Retired

Stay at Home Parent

Receiving Unemployment Benefits

Enrolled in school

Unemployment Expired (0-3 months ago)

Unemployment Expired (3-6 months ago)

Unemployment Expired (6-12 months ago)

Ineligible to receive unemployment benefits

Which of the following benefits is your household currently receiving? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> TANF | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> SS/SSI/SSDI | <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary/ Shelter | <input type="checkbox"/> |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | list others _____ |

Place a check next to the areas where you are experiencing difficulties:

- | | | | |
|--------------------|--------------------|---------------------------|---------------------|
| ___ Employment | ___ Transportation | ___ Training/ education | ___ Budgeting money |
| ___ Legal | ___ Parenting | ___ Isolation/ Friendship | ___ Housing |
| ___ Alcohol/ Drugs | ___ Child care | ___ Health care | |

Do you have a working vehicle? _____ **Do you have a valid driver's license?** _____

Housing – circle areas that apply

- | | | | |
|----------------------------|-------|-----|------------------------|
| Rent | HUD | Own | Living with a relative |
| Utilities Included in Rent | | | Rent Lot (mobile home) |
| Apartment | House | | Mobile Home |

-
- I am willing to talk with a Getting Ahead volunteer. Please initial _____
 - I am willing to participate in an orientation & 16-week course. Please initial _____
 - I will not attend while under the influence of drugs or alcohol. Please initial _____
 - Following successful completion of the 16 – week course, I am willing to participate in monthly support meetings with my allies. Please initial _____

This is an application to be a *Getting Ahead* participant, which is based on the *Getting Ahead in a Just Getting'- By World* workbook. It does not guarantee that you will be accepted, and it does not mean you are required to be a participant.

Thank you for your interest and taking the time to fill out this application.

If accepted, I agree to attend all 16 sessions. _____
Signature Date

Scan and email application to: community.zone.lewisburg@gmail.com
or mail to CommUnity Zone 417 Market Street, Lewisburg, PA 17837