



PARTICIPANT APPLICATION		
APPLICANT INFORMATION		
Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Race: <input type="checkbox"/> White <input type="checkbox"/> African American	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Hawaiian
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	Supervisor's Name:	Fax:
City:	State:	ZIP Code:
Position:	<i>Please circle:</i> Hourly/Salary	Annual income:
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
DISABILITY & VETERAN INFORMATION		
Do you have a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Disclosed		
Type of Disability: <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Both Physical and Mental Impairment		
Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number years served:	How many tours if any:
EDUCATION INFORMATION		
Highest Grade Completed: _____ School Status: <input type="checkbox"/> In-school <input type="checkbox"/> Alternative School <input type="checkbox"/> H. S. Graduate		
<input type="checkbox"/> GED <input type="checkbox"/> Did not complete High School		
SUPPLEMENTAL INCOME VERIFICATION		
Do you receive TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Families First (cash benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive SNAP (food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive/pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No
GOALS		
<input type="checkbox"/> Complete high school/GED	<input type="checkbox"/> Obtain license/certificate	
<input type="checkbox"/> Obtain Degree	<input type="checkbox"/> Seeking employment	
SIGNATURES		
Signature of Applicant:		Date:

