

# Organization Name

## Program Application

### HOUSEHOLD INFORMATION

Today's date: \_\_\_ / \_\_\_ / \_\_\_

<b>Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(First)</span> <span>Middle</span> <span>Last)</span> </div>	
<b>Street address:</b> _____ <b>Unit #</b> _____  <b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____	
<b>Household Type:</b> <input type="checkbox"/> Two parent or guardian with dependent children <input type="checkbox"/> Two parent without dependent children <input type="checkbox"/> Single parent or guardian with dependent children <input type="checkbox"/> Single parent without dependent children <input type="checkbox"/> Non-resident parent – children don't live with <input type="checkbox"/> Couple without dependent children <input type="checkbox"/> Single adult	<b>Public assistance you are currently receiving:</b> <input type="checkbox"/> None <input type="checkbox"/> Medical Assistance <input type="checkbox"/> MFIP <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> MN Care <input type="checkbox"/> General Assistance (Cash) <input type="checkbox"/> SSI <input type="checkbox"/> Food Assistance (EBT/SNAP/Food Stamps) <input type="checkbox"/> Free/Reduced School Lunch <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> Diversified Work Programs <input type="checkbox"/> Unemployment insurance (UI) <input type="checkbox"/> Other: _____
<b>Are you living in organization's name housing?</b> <input type="checkbox"/> Yes, I am a resident <input type="checkbox"/> No, I was never a resident <input type="checkbox"/> No, but I was formerly a resident	
<b>Number of family members in household:</b> ____ Adults      ____ Dependent children	
<b>Status in regard to Unemployment Insurance (UI):</b> <input type="checkbox"/> Eligible and receiving benefits <input type="checkbox"/> Eligible, but I have not claimed benefits <input type="checkbox"/> Not eligible for UI benefits <input type="checkbox"/> Not eligible due to insufficient earnings or because employer is not required to provide UI benefits <input type="checkbox"/> I have exhausted UI benefits	<b>What is your current housing situation?</b> <input type="checkbox"/> I own a house/condo <input type="checkbox"/> I rent a house/apartment <u>through</u> a subsidy <input type="checkbox"/> I rent a house/apartment <u>without</u> a subsidy <input type="checkbox"/> Transitional housing <input type="checkbox"/> I am without a permanent residence (staying with parents, friends, in a shelter, etc.)

### HOW DID YOU HEAR ABOUT NAME OF ORGANIZATION? *(Please identify one source below.)*

<input type="checkbox"/> <b>A person:</b> Name _____ Who this person is to you _____ (examples: friend, teacher) Where this person works _____ (please provide name of company or organization)	
<input type="checkbox"/> <b>Website:</b> Name of website _____	<input type="checkbox"/> Facebook
<input type="checkbox"/> <b>Newspaper ad:</b> Name of newspaper _____	<input type="checkbox"/> Instagram
<input type="checkbox"/> <b>Flyer:</b> Where you saw the flyer _____	<input type="checkbox"/> LinkedIn
<input type="checkbox"/> <b>E-mail:</b> Who sent the e-mail _____	<input type="checkbox"/> Twitter
<input type="checkbox"/> <b>Job or community resource fair:</b> Name of event _____ Where _____	
<input type="checkbox"/> <b>Other: (please indicate)</b> _____	

Today's Date: \_\_\_\_\_

Entered Into CTK: \_\_\_\_\_

Updated June, 2019

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**CENTRAL INTAKE**

<b>Date of birth:</b> ____/____/____ MM / DD / YYYY		<b>Are you at least 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <b>Pronouns (optional):</b> _____		<b>Telephone:</b> _____-_____-_____	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Race:</b> <input type="checkbox"/> African <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____	<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you an immigrant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Country of origin:</b> _____ <b>First language spoken:</b> _____ <b>Date of arrival in U.S.:</b> ____/____/____ <b>Status:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor <input type="checkbox"/> Other Permanent Resident	
<b>Email address:</b> _____		<b>USA Military Service:</b> <input type="checkbox"/> Served in US Armed Forces <input type="checkbox"/> Spouse served in US Armed Forces <input type="checkbox"/> US Active duty <input type="checkbox"/> US Reservist <input type="checkbox"/> Dishonorable discharge <input type="checkbox"/> No US military service <i>US Active Duty</i> Start Date ____/____/____ End Date ____/____/____ <i>US Active Duty</i> Start Date (2) ____/____/____ End Date (2) ____/____/____	
<b>Emergency Contact:</b> Name: _____ Telephone: _____-_____-_____ Relationship: _____			

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**EMPLOYMENT AND EDUCATION INFORMATION**

<p><i>Some Employment Training programs include income qualification guidelines. Please complete the information below with a yearly estimate.</i></p> <p><b>Total <u>INDIVIDUAL</u> income from the last 6 months:</b></p> <p>\$ _____</p> <p>X 2 = \$ _____</p> <p><b>Total <u>FAMILY</u> income from the last 6 months:</b></p> <p>\$ _____</p> <p>X 2 = \$ _____</p>	<p><b>Are you paying child support?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Weeks Unemployed in Last 52 (1 Year):</b></p> <p>_____</p>	<p><b>Marital status:</b>   <input type="checkbox"/> Single   <input type="checkbox"/> Married   <input type="checkbox"/> Divorced  <input type="checkbox"/> Separated   <input type="checkbox"/> Common Law   <input type="checkbox"/> Domestic Partner  <input type="checkbox"/> Widow/Widower</p>
<p><b>Highest level of education:</b></p> <p><input type="checkbox"/> Grade school/middle school  <input type="checkbox"/> Some high school (no diploma)  <input type="checkbox"/> High school diploma  <input type="checkbox"/> GED  <input type="checkbox"/> Some college (no degree)  <input type="checkbox"/> Associate degree  <input type="checkbox"/> Bachelor's degree  <input type="checkbox"/> Master's degree  <input type="checkbox"/> Doctoral degree  <input type="checkbox"/> Vocational training</p>	<p><b>Are you currently employed?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If yes → Hourly wage \$ _____ Hours per week _____</b></p>
<p><b>Do you have the legal right to accept employment in the U.S.?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Does your job offer health benefits?</b>  <input type="checkbox"/> Offered and I took it  <input type="checkbox"/> Offered, declined, am covered elsewhere  <input type="checkbox"/> Offered, declined, am not covered elsewhere  <input type="checkbox"/> Not offered, but I am covered elsewhere  <input type="checkbox"/> Not offered, and I am not covered elsewhere</p>
<p><b>What is your criminal history (if applicable?)</b></p> <p><input type="checkbox"/> Convicted of a misdemeanor  <input type="checkbox"/> Convicted of a felony in the last 7 years  <input type="checkbox"/> Convicted of a felony over 7 years ago  <input type="checkbox"/> Convicted of multiple felonies  <input type="checkbox"/> Served prison time  <input type="checkbox"/> No criminal history</p>	<p><b>Do you want to receive program updates via email?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

**SERVICES INTAKE INFORMATION**

<p><b>Do you want to receive program updates via email?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Disability Status:</b>  <input type="checkbox"/> Not disabled   <input type="checkbox"/> Yes, disability is a barrier to employment  <input type="checkbox"/> Yes, but disability is not a barrier to employment</p>
<p><b>Social Security Number:</b> _____ - _____ - _____</p>