

GETTING AHEAD

PARTICIPANT APPLICATION



Name _____ Date _____

Spouse's Name _____ Your Birth Date _____

Address _____

Phone (cell) _____ Home _____

Email _____ Female _____ Male _____

Please list names of **ALL** adults in household:

Please list your children's names and ages:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Do your children live with you? Y N If not, where do they live? _____

Do you have visitation rights? Y N Are other children in household? _____

REFERRAL

I was referred to Getting Ahead by: _____

Phone: _____ (This person may be contacted to discuss your situation)

EMPLOYMENT

Place of employment: _____

Job title: _____ How long: _____

EDUCATION

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Assoc. BA/BS Master's

Currently enrolled in (Education Program) _____

Date enrolled _____ Anticipated completion date _____

INCOME

Please circle all sources of income:

Wages TANF SSI Unemployment Child support

Total monthly income for all sources \$ _____

TRANSPORTATION

Do you have a working vehicle? Y N OR Are you on a bus route? Y N

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

☐	Head Start
☐	Energy Assistance (LIHP, Catholic Charities, Church, Sec 8), Salvation Army
☐	Food Stamps/SNAP/NERA
☐	Free/Reduced School lunches, WIC
☐	Academic Financial Aid
☐	Other:

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

_____ Employment	_____ Isolation
_____ Transportation	_____ Housing
_____ Training/Education	_____ Alcohol/Drugs
_____ Budget	_____ Childcare costs
_____ Legal	_____ Healthcare costs
_____ Parenting	_____ Other _____

I certify that the following are true (check):

- ☐ I am not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crisis has been stabilized.
- ☐ I give permission for the Bridges staff to talk to my referring source about my life situation, strengths, and barriers.
- ☐ I am willing to work with others to become self-sufficient; i.e., independent of public assistance.
- ☐ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange child care during the interview (approximately 1.5 hours).
- ☐ I am willing to participate in an 16-18 week training course. (Approximately 2.0 -2.5 hours, one evening per week, child care/dinner provided.)

What is the best time for you to meet for this program, weekly? (Check the possibilities)

☐ Daytime ☐ Evenings

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

When you sign this page, you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Getting Ahead initiative and track progress toward goals.

Signature _____ Date _____

This is an application for the Getting Ahead training. It does not guarantee you will be accepted. Thank you for your interest and for taking the time to complete this application.

Please return application by mail or email to:

Getting Ahead (United Way)
205 N 2nd St
Ponca City, OK 74601
580-765-2476
gettingaheadkayco@gmail.com

Office use only:

Date received: _____

Interview scheduled for: _____