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 Other

Total monthly income for all sources $_____

TRANSPORTATION

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

Do you have any Allergies? Y N List of Allergies: _____

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:
	N/A

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.)

Program details, weekly.

_____Evenings

_____Monday

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: _____