

Brightpoint Focus Forward -- Program Application

Date of Application ____/____/____ Site _____ Soc Sec No _____

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____ E-mail _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX: ____ Male ____ Female

RACE/ETHNIC GROUP: (check all that apply)

White Hispanic or Latino
 Asian Hawaiian/Pacific Islander
 Black-African American
 American Indiana/Alaskan

GENDER:

Woman Man
 Transgender
 Non-Binary Other
 Prefer not to respond

CITIZENSHIP:

Citizen
 Non-Citizen, Eligible to Work

SELECTIVE SERVICE STATUS:

Registered - Number _____
 Not Registered
 Not Applicable

EDUCATION:

(highest grade completed)

FOSTER CHILD

Yes
 No

POOR WORK HISTORY

Yes
 No

PREGNANT/PARENTING

(Youth Only)

Yes

SUBSTANCE ABUSE

Yes
 No

LIMITED ENGLISH LANGUAGE

Yes
 No

DISPLACED HOMEMAKER

Yes
 No

OFFENDER

Yes
 No

INDIVIDUAL WITH DISABILITY:

Yes
 No
 Undisclosed

HOMELESS INDIVIDUAL

Yes, and a runaway Yes, but not a runaway youth
 No, but is a runaway youth No, and is not a runaway youth

RECEIVING PUBLIC ASSISTANCE (Check all that apply in the last 6 months)

TANF Refugee Assistance General Assistance (Trustee)
 SSI(Supplemental Security Income) Food Stamps None

TOTAL INCLUDABLE INCOME (last 26 weeks X 2)

Family \$ _____ Individual \$ _____

MAXIMUM FAMILY SIZE



Brightpoint JAG -- Program Application

Site _____ **Soc Sec No** _____

EMPLOYMENT STATUS AT REGISTRATION

- _____ Not Employed
- _____ Employed
- _____ Employed but received notice

WEEKS NOT EMPLOYED (in last 26 weeks): _____

PRE-PROGRAM WAGE \$ _____ PRE-PROGRAM HOURS WORKED PER WEEK: _____

WORK HISTORY

Name of most recent employer _____

Employer Address: _____ City _____

State _____ Zip Code _____ Employer Phone Number _____

Job Title _____ Dates of Employment: From ___/___/___ to ___/___/___

LOW INCOME _____ Yes _____ No

ADDITIONAL ITEMS FOR YOUTH ONLY (Ages 14 - 21)

STUDENT STATUS AT TIME OF REGISTRATION

- _____ In-School, HS or less _____ In-School, Alternative School
- _____ In-School, Post-Secondary _____ Not-Attending, HS Dropout
- _____ Not Attending, HS Graduate or Attained GED

EMERGENCY CONTACT INFORMATION: Names and telephone number of two friends, relatives, or neighbors not living with applicant who will know how to reach applicant.

Name/Relationship _____ Phone Number _____
Name/Relationship _____ Phone Number _____

I certify that all information in this application is true and correct to the best of my knowledge and I authorize the verification of the information I have provided. I understand that my Social Security number will be used only by programs to provide optimum employment and/or training assistance, to identify and verify my records in the Workforce Development System and Welfare Department, and for statistical program evaluation and reporting. I also understand that since I am applying for employment and training assistance services for which I might receive taxable income, I must, under law, provide my Social Security number for purposes of Federal Income Tax deductions and Social Security tax deductions. I understand I could be terminated from the program if I am found ineligible after enrollment. I understand I may be prosecuted for providing false information. My rights and responsibilities as an applicant or participant have been presented to me.

Applicant Signature _____ Date _____
Parent Signature _____ Date _____

