Brightpoint Youth Evolvement -- 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
_____

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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 undertand 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 _____

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