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|---------------------------------|--|---|
| Reserved for case manager notes | Intake Date: ___/___/___ | Evaluator's Initials: 1 _____ 2 _____ |
| | <input type="checkbox"/> Application Approved Start Date: ___/___/___ | Receiving Food Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N Needs Basic Food Application <input type="checkbox"/> |
| | <input type="checkbox"/> Pending | <input type="checkbox"/> Not Approved |
| | HIP Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> DOC <input type="checkbox"/> Work Release Release Date ___/___/___ |

FareStart Employment Training Program Application

Full Legal Name: _____

Last Name
First Name
Middle Name

Other names(s) if any: _____ Social Security No: _____ - _____ - _____

Date of Birth: ___/___/___ Age: _____ Gender: Female Male

Place of Birth: _____

City
State/Province
Country

Email: _____ Cell Phone: _____

Are you a United States citizen? Yes No

If **NO**, are you legally entitled to work in the United States? Yes No

Race/Ethnicity: *Check all which apply.*

- | | |
|---|--|
| <input type="checkbox"/> Native American (Native Alaskan, etc.) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> African (Ethiopian, Nigerian, Kenyan, etc.) <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Mediterranean <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ |
|---|--|

Veteran Status:

- No, I am not a veteran Yes, I am a veteran
 Vietnam era (2/28/61 – 5/7/75)
 Other (active dates: ___/___/___ - ___/___/___)

start date
end date

Honorable discharge? Yes No

Disability Status:

Do you have a disability that substantially limits major life activities (ADA Definition)? Yes No
(Examples: Mental Illness, Physical Disability, Substance Abuse, Developmental/Learning Disability)

Requirements for Approval:

Housing Status

1. Where do you live right now (or where did you stay last night?)

- Street
- Shelter (specify: _____)
- Transitional housing (specify: _____)
- My own home/apartment [& complete address information below]
- Friend's place [& complete address information below]
- Relative's place [& complete address information below]
- Other (specify: _____)

Street Address: _____ Phone(1): _____-_____-_____

Apt. (or P.O. Box): _____ Phone(2): _____-_____-_____

City: _____ State: _____ Zip: _____

Is this your (check all which apply):

- current address?
- mailing address?

2. How long will you be able to stay there? #days _____ #weeks _____ #months _____ #years _____

3. Do you have a **secure** place to live for:

- 1 month? Yes No
- 2 months? Yes No
- 3 months? Yes No
- 4 months? Yes No

Case Manager Notes

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4. Are you currently homeless (no permanent place to live)? Yes No

If **YES**: For how long? _____ (in months)

How many times have you been homeless in the past 3 years (including now)? _____

How many times have you been homeless during your lifetime (including now)? _____

How did you become homeless? _____

5. What was your last **permanent** address? from ___/___/___ to ___/___/___?

(start date) (end date)

Street Address: _____ Phone: _____-_____-_____

City: _____ State: _____ Zip: _____ Country: _____

Reason for moving: _____

Family/Children

1. Do you have children under 18 years of age? Yes No

2. Are any of your children in your custody? Yes No
 Explain, if necessary: _____

3. How many people (including yourself) are in your family unit and living together? _____

4. Are you currently paying child support? Yes No

Financial and Supportive Resources

Income Sources/Resources

Do you have any of the following sources of income or are you receiving any of the following services?
Check all which apply even if you do not know the monthly amount.

- | | |
|--|----------------|
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ _____/month |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | \$ _____/month |
| <input type="checkbox"/> Social Security | \$ _____/month |
| <input type="checkbox"/> General Public Assistance (GAU/GAX) | \$ _____/month |
| <input type="checkbox"/> Gen'l Public Assistance (GA-S) Pregnant Women | \$ _____/month |
| <input type="checkbox"/> Temporary Aid to Needy Families (TANF) | \$ _____/month |
| <input type="checkbox"/> Child Support | \$ _____/month |
| <input type="checkbox"/> Veterans Benefits | \$ _____/month |
| <input type="checkbox"/> Employment Income | \$ _____/month |
| <input type="checkbox"/> Unemployment Benefits | \$ _____/wk |
| <input type="checkbox"/> Veterans Health Care | |
| <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Medicaid | |
| <input type="checkbox"/> State Children's Health Insurance Program | |
| <input type="checkbox"/> Food Stamps | \$ _____/month |
| <input type="checkbox"/> ADATSA | \$ _____/month |
| <input type="checkbox"/> Other (specify: _____) | \$ _____/month |
| <input type="checkbox"/> No Financial Resources | \$0 |

Case Manager Notes

Health

1. Have you ever had a problem with drugs or alcohol? Yes No
What types? _____
2. Have you ever been in a treatment program for drugs/alcohol? Yes No
Where? _____ Complete the program? Yes No
When? _____
3. Are you currently using any substances? Yes No
If not, **how long sober/clean?** (months) _____
4. Do you struggle with depression or anger? Yes No
5. Have you ever been diagnosed as having an emotional disorder? Yes No
If yes, explain: _____
6. Have you ever been treated for mental health issues/concerns? Yes No
Where? _____ Was it effective? Yes No
When? _____
7. Are you currently, or have you previously, taken medication for an emotional problem? Yes No
 - ◆ Medication/Dosage/Frequency: _____
 - ◆ Prescribed by: _____
8. Are you currently taking any other prescribed medications? Yes No
 - ◆ Medication/Dosage/Frequency: _____
 - ◆ Prescribed by: _____
9. List any other significant past and present medical conditions/disabilities that influence your participation in the FareStart Job Training Program: _____

Education

1. Did you graduate from high school (grade 12)? Yes No
If **NO**, did you earn your GED? Yes No
2. If you did not receive a GED, the highest grade you completed? _____
3. Do you have additional education or training? Yes No
If **YES**, what degrees or certifications have you earned? *Check all which apply on the next page...*

Education Con't

Degrees:

- Some college; did not graduate (completed ____ years)
 A.A. or equivalent
 B.A., B.S. Or Above

4. Do you have a history of difficulty in school, or a diagnosed learning disability?

- Yes No

If **YES**, please explain: _____

Legal History

1. Do you have any warrants, upcoming court dates or legal problems? Yes No

Explain: _____

2. Have you ever been convicted of a **misdemeanor**? Yes No

Explain why and when: _____

3. Have you ever been convicted of a **felony**? Yes No

Explain why and when: _____

4. Have you ever been in jail or prison? Yes No

If **YES**, name the facility: _____ Release Date ____/____/____

5. Are you on Probation, Parole or Work Release?

If **YES**, name of CCO: _____ Phone Number: _____
(include area code)

Work Experience

Have you been employed in the food service industry? Yes No
If **YES**, please explain:

FareStart Student Hours

FareStart Job Training Program has several different schedules during the approximately 16-week program. During the next 16 weeks:

Are you available **Monday through Friday**
between **8:00 am and 4:00 pm**? Yes No

Are you available **Monday through Wednesday**
between **1:00pm and 8:00pm**? Yes No

Are you available **Sunday**
between **10:00 am and 5:30 pm**? Yes No

And on **Thursday (Guest Chef Night)**
from **1:00 pm to as late as 11:30 pm**? Yes No

If you answered **NO** to any of the above, please explain: _____

How did you find out about FareStart?

Check *all* which apply:

- FareStart student or graduate
- FareStart staff (recruiter)
- Walked by the restaurant
- At the shelter
- Brochure or card
- Radio or television
- Caseworker
- DOC Referral (Name of Counselor: _____ Phone Number: ____ - ____ - ____)
- Other (please explain: _____)

Have you ever applied to FareStart before? Yes No If yes, what year? _____

Are you willing to sign a **Release of Information Form** for FareStart to work with your doctor, counselor, parole/probation officer and/or other service providers? Yes No

Listed below are some of the FareStart Program Requirements:
(Please initial after each requirement)

- I understand that **daily attendance** is required. _____
- I understand that I must be **on time and prepared to stay the entire day**. _____
- I understand that **100% participation** is expected. _____
- I understand that I must be willing to **accept instruction** from my instructors and supervisors and **complete the work that is assigned to me with a positive attitude**. _____
- I understand that I must have a **willingness to confront my personal challenges and/or barriers**. _____
- I understand that I must be **clean and sober**. _____
- I understand that I may **not use FareStart as an address** for any purpose (mail, packages, deliveries, etc.)

- I understand that I will be provided with a **locker and a combination lock for my use** while I am enrolled in the FareStart program. _____
- I understand that **FareStart is not responsible for damage, loss or theft** of any of my personal property. _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of government funds.

Intentional false statements may result in termination from FareStart.

Applicant's Signature: _____ Date: ____/____/____

Service Provider's Signature: _____ Date: ____/____/____