Davidson
County
Connect
Incorporated

P.O. Box 584, Lexington NC
27292

Getting Ahead Application

Name: _____ Date of birth: _____

Spouse name: _____

Address: _____

_____

Phone (cell): _____ Home: _____

Email: _____

Please list names of ALL adults in household:

_____ _____

_____ _____

Please list the children in household:

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 there other children in the household? Y N

REFERRAL

I was referred to *Getting Ahead class* by: _____

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

EMPLPOYMENT

Place of employment:

_____

Job title: _____ Length of employment: _____

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 from all sources $_____

TRANSPORTATION

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

Other:

_____

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

	Head Start
	Energy assistance (OG&E, OHS, LIHP, Catholic Charities, First UM church, Sec. 8)
	Food stamps/SNAP/WIC
	Free/reduced school lunches
	Academic financial aid
	TANF
	Salvation Army
	DRS vocational rehab
	Adult education (GED)
	Drug court
	Celebrate Recovery
	Other:

<u>Place a check next to the areas where you are experiencing difficulties:</u>

___ Employment ___ Isolation ___ Parenting

___ Transportation ___ Housing ___ Legal

___ Training/education ___ Alcohol/drugs ___ Healthcare costs

___ Budgeting ___ Dental/vision ___ Boundaries

I certify that the following are true (check):

___ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am fairly stable. (You can explain this further in the interview.)

___ I give permission for Bridges staff to talk to referring source about participant's life situation, strengths, and barriers

___ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange childcare during the interview.

___ I am willing to commit to a 16 week training course. (Approx. three hours one night per week, childcare and dinner provided.)

PHOTO/VIDEO RELEASE

If you are selected as one of our participants/Investigators, do you authorize Bridges staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y** **N** If no, please explain:

_____

_____

NOTE

We will be serving a meal. If you have any food allergies, it is your responsibility to ask about ingredients. We are not responsible for any allergy or medical reaction you may have.

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 Bridges Out of Poverty 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. You will be contacted for an interview approximately one month prior to the next class starting. If your contact number changes after you have submitted this application, you are responsible for informing the Bridges staff as soon as possible.

Thank you!

Please email, or deliver to:

Miriam Matias
302 W. 2nd Street
Lexington NC 27292
miriamm@medicalministries.org

Please mail:

Miriam Matias
PO Box 584
Lexington NC 27293