



Shawnee Bridges Out of Poverty Getting Ahead Participant Application

Date: _____

1. Participant Name (please print): _____

2. Date Of Birth: ____/____/_____

Gender: ___ Male ___ Female

Primary Race/Ethnicity: _____

3. Phone Number: Home: (____) _____ - _____

Cell: (____) _____ - _____

Email _____

Preferred Contact ___ Home ___ Cell ___ Email

4. Total Household Size: _____

5. Street Address: _____

City: _____ Zip code _____

6. Marital Status ___ Single ___ Married ___ Divorced ___ Widowed

Spouse's Name: _____

7. What is your current housing situation?

___ Homeless; not in a shelter ___ Emergency Shelter ___ Transitional Housing

___ Subsidized Housing ___ Staying with family or friends ___ Rental Housing ___ Own home

___ Tribal Housing ___ Public Housing

8. List all adults in household:

Name: _____ Relationship: _____



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Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

9. Please list your children's names and ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Do your children live with you? Yes No If not, where do they live? _____

Do you have visitation rights? Yes No 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: _____

If unemployed:

How long? _____ (please describe below situation leading to your unemployment)

Education

Highest Grade Completed (Circle) 1-6 7-8 9 10 11 12 G.E.D Some College College Graduate

Currently enrolled in (Education Program) _____

Date enrolled: _____ Anticipated Completion Date: _____

Income

Please circle all sources of income:



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Wages TANF SSI Unemployment Child Support

Total monthly income for all sources: \$ _____

Do you currently have a bank account? Yes No (Circle One)

Transportation

Do you have a working vehicle? ___ Yes ___ NO Will you need transportation? ___ Yes ___ NO

Current Service Agencies

Please Check the agencies you are currently working with:

DHS _____, COCAA _____, Salvation Army _____, Project Safe _____, Community Health Center _____

Community Market _____, Legacy Parenting _____, Gateway _____, Mission Shawnee _____, One Safe Place _____,

Youth and Family _____, Churches _____, Shawnee Housing Authority _____, Red Rock _____

Please list any others:

Place a check next to the areas where you are experiencing difficulties:

- Employment
- Isolation
- Other (Please Describe Below)
- Transportation
- Housing
- Education
- Alcohol/Drugs
- Budget
- Childcare Cost
- Legal
- Healthcare Cost
- Parenting
- Relationships

I certify that the following are true (initial):

____ I am not in a major crisis (untreated mental illness and/or drug/alcohol addiction, domestic violence situation, homeless); major crisis has been stabilized.

____ I give permission for the Shawnee Bridges staff to talk to my referring source about my life



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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 Shawnee Bridges staff and/or Volunteers.

It is my responsibility to have transportation to and from interview. No phone interviews are allowed.

____ I am willing to participate in a 18-20-week focus groups. (Approximately 2.5 hours, one evening per week, childcare/dinner provided.)

Please provide the names and contact information of any other professionals you receive ongoing supportive services from:

1. Name: _____ Phone: _____ Agency: _____

2. Name: _____ Phone: _____ Agency: _____

3. Name: _____ Phone: _____ Agency: _____

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 Focus Group and track progress towards goals. You are giving us permission to use photos and videos of you taken during participation in this program.

I authorize Shawnee Bridges Out of Poverty, Devol & associates, LLC, and AHA! Process, Inc. to use my Mental Model (Work done in the Focus Group) in publicity and/or educational purposes.

These organizations ____ May or ____ May not use my name with my mental model.

You further understand that a background check will be taken for informational purposes, but will not solely disqualify you from participation.

Signature: _____ Date: _____

This is an application for Getting Ahead Focus Group, it does not guarantee you will be accepted.

Thank you for your interest and for taking the time to complete this application.



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Please return application by mail or email to:

Shawnee Bridges Out Of Poverty

PO Box 1053

Shawnee, OK 74802-1053

bridgesshawnee@gmail.com

Office Use Only:

Date Received: _____

Interview Scheduled for:

Interview Results: _____

Date: _____