



**FAMILY SUPPORT SERVICES CENTER
APPLICATION FOR SERVICES**

NAME: _____
 ADDRESS: _____ Zip Code: _____
 HOME PHONE: (____) _____
 CELL PHONE: (____) _____
 E-MAIL: _____
 WORK PHONE: _____
 DATE: _____

1. PLEASE LIST ALL FAMILY MEMBERS WHO LIVE IN YOUR HOUSING UNIT, **INCLUDING YOURSELF**.
 GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO YOU:

FAMILY MEMBER	NAME		RELATIONSHIP	AGE/DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
	FIRST -- MIDDLE -- LAST					
1						
2						
3						
4						
5						
6						
7						
8						
9						

2. HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

3. RACE: _____ PRIMARY LANGUAGE: _____
 CAN YOU READ AND WRITE IN YOUR PRIMARY LANGUAGE: _____
 DO YOU SPEAK, READ, OR WRITE IN ANOTHER LANGUAGE? _____
 IF SO, WHAT LANGUAGE? _____
 ARE YOU: HISPANIC _____ NON-HISPANIC _____

4. MARITAL STATUS: ___ SINGLE ___ MARRIED ___ DIVORCED ___ SEPARATED ___ SINGLE PARENT

5. ARE YOU IMPACT REQUIRED? ___ YES ___ NO OFC CASE MGR _____

6. IDENTIFICATION CARD NUMBER: _____ STATE: _____

7. DRIVER'S LICENSE NUMBER: _____ STATE: _____

EDUCATION AND EMPLOYMENT

8. HIGHEST GRADE COMPLETED: _____

9. _____ GED _____ HIGH SCHOOL DIPLOMA

10. _____ COLLEGE CREDITS / DEGREE

11. LIST ANY CERTIFICATES OR LICENSES: _____

12. LIST SKILLS YOU HAVE NOW: _____

13. CURRENT EMPLOYMENT STATUS: ___ EMPLOYED ___ UNEMPLOYED

_____ DATE AVAILABLE TO GO TO WORK

_____ MINIMUM HOURLY RATE

_____ DESIRED INDUSTRY

_____ DESIRED OCCUPATION – FIRST CHOICE

_____ DESIRED OCCUPATION – SECOND CHOICE

_____ DESIRED OCCUPATION – THIRD CHOICE

AVAILABLE: ___ DAYS ___ EVENINGS ___ WEEKENDS

WORK LIMITATIONS: _____

14. CHECK IF YOU:

___ HAVE NEVER BEEN EMPLOYED

___ ARE RETIRED

___ ARE WILLING TO TAKE A DRUG TEST

___ ARE UNABLE TO WORK

SOCIAL SERVICES AND LEGAL

15. CHECK IF YOU ARE DISABLED ___

16. INCOME SOURCES WITH MONTHLY AMOUNTS:

TANF \$ _____ VETRANS BENEFITS \$ _____
SSI \$ _____ PENSION \$ _____
EMPLOYMENT \$ _____ CHILD SUPPORT \$ _____
CHILD SUPPORT IS COURT ENFORCED ___Y ___N
OTHER INCOME _____

17. TOTAL MONTHLY INCOME? \$ _____.

18. ASSISTANCE RECEIVED WITH MONTHLY AMOUNTS:

FOOD STAMPS \$ _____ WIC \$ _____
MEDICAID \$ _____ WORKER'S COMP \$ _____
UNEMPLOYMENT \$ _____ SSDI \$ _____
VOCATIONAL REHABILITATION \$ _____

TOTAL MONTHLY ASSISTANCE \$ _____

19. DO YOU HAVE A POLICE RECORD? ___Y ___N

IF YES, DOES THIS INCLUDE ANY MISDEMEANORS? ___Y ___N

FELONIES? ___YES ___NO

CONVICTIONS? ___YES ___NO

PLEASE LIST TWO EMERGENCY CONTACTS:

CONTACT 1: _____ RELATIONSHIP _____ PHONE: (____) _____
ADDRESS: _____

CONTACT 2: _____ RELATIONSHIP _____ PHONE: (____) _____
ADDRESS: _____

SIGNATURE

DATE

WORK HISTORY: START WITH YOUR MOST CURRENT EMPLOYMENT AND GO BACK TO THE OLDEST EMPLOYMENT:

START DATE: _____ END DATE: _____

JOB STATUS: WORKING ___ LAID OFF ___ RETIRED ___ ENDED SELF-EMPLOYMENT ___

RESIGNED ___ TERMINATED ___ COMPANY CLOSED ___

INDUSTRY _____ JOB TITLE _____

STARTING WAGE _____ CURRENT RATE _____ ENDING RATE _____

FULL TIME ___ PART TIME ___ HOW MANY HOURS PER WEEK ___ BENEFITS: YES ___ NO ___

COMPANY NAME _____

STREET, CITY, STATE, AND ZIP _____

PHONE NO. _____ NAME OF DIRECT SUPERVISOR _____

JOB DESCRIPTION:

WORK HISTORY:

START DATE: _____ END DATE: _____

JOB STATUS: WORKING ___ LAID OFF ___ RETIRED ___ ENDED SELF-EMPLOYMENT

RESIGNED ___ TERMINATED ___ COMPANY CLOSED _____

INDUSTRY _____ JOB TITLE _____

STARTING WAGE _____ CURRENT RATE _____ ENDING RATE _____

FULL TIME ___ PART TIME ___ HOW MANY HOURS PER WEEK ___ BENEFITS: Yes ___ No ___

COMPANY NAME _____

STREET, CITY, STATE, ZIP _____

PHONE NO. _____ NAME OF DIRECT SUPERVISOR _____

JOB DESCRIPTION:

WORK HISTORY:

START DATE: _____ END DATE: _____

JOB STATUS: WORKING ___ LAID OFF ___ ENDED SELF-EMPLOYEMNT ___
RESIGNED ___ RETIRED ___ TERMINATED ___ COMPANY CLOSED ___

INDUSTRY _____ JOB TITLE _____
STARTING WAGE _____ CURRENT RATE _____ ENDING RATE _____
FULL TIME ___ PART TIME ___ HOW MANY HOURS PER WEEK ___ BENEFITS: YES ___ NO ___

COMPANY NAME _____

STREET, CITY, STATE, ZIP CODE _____

PHONE NO. _____ NAME OF DIRECT SUPERVISOR _____

JOB DESCRIPTION:

WORK HISTORY:

START DATE: _____ END DATE: _____

JOB STATUS: WORKING ___ LAID OFF ___ RETIRED ___ ENDED SELF-EMPLOYMENT ___
RESIGNED ___ RETIRED ___ TERMINATED ___ COMPANY CLOSED ___

FULL TIME ___ PART TIME ___ HOW MANY HOURS PER WEEK ___ BENEFITS: YES ___ NO ___

INDUSTRY _____ JOB TITLE _____
STARTING WAGE _____ CURRENT RATE _____ ENDING RATE _____

COMPANY NAME _____

STREET, CITY, STATE, ZIP CODE _____

PHONE NO. _____ NAME OF DIRECT SUPERVISOR _____

JOB DESCRIPTION:

If you need more space please write on back of application.