

## BrightPoint -- Program Application

Date of Application \_\_\_\_/\_\_\_\_/2011 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: \_\_\_\_\_ GENDER: \_\_\_\_ Male \_\_\_\_ Female

RACE/ETHNIC GROUP: (check all that apply)

\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_ Asian \_\_\_\_\_ Hawaiian/Pacific Islander  
\_\_\_\_ Black-African American  
\_\_\_\_ American Indiana/Alaskan

INDIVIDUAL WITH DISABILITY:

\_\_\_\_ Yes  
\_\_\_\_ No  
\_\_\_\_ Undisclosed

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  
\_\_\_\_ No

SUBSTANCE ABUSE

\_\_\_\_ Yes  
\_\_\_\_ No

LIMITED ENGLISH LANGUAGE

\_\_\_\_ Yes  
\_\_\_\_ No

DISPLACED HOMEMAKER

\_\_\_\_ Yes  
\_\_\_\_ No

OFFENDER

\_\_\_\_ Yes  
\_\_\_\_ No

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

\_\_\_\_\_

## BrightPoint -- Program Application

### 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

FOLLOW-UP 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 understand 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 \_\_\_\_\_