



**APPLICATION FORM
GETTING AHEAD IN A JUST-GETTIN-BY-WORLD**

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Best contact phone #: _____ Email: _____

Date of Birth: _____ Gender: Male Female

Race: African American Caucasian Hispanic Native American
 Pacific Islander Asian Other

PROGRAM INFORMATION

The Class will meet for 10 weeks. Can you commit to attending all 10 sessions? YES NO

Do you have any conflicts with other standing appointments that might keep you from attending?
 YES NO

Will transportation be an issue for you? YES NO

Will you use the free childcare that will be provided during the class sessions? YES NO

What is your annual household family income?

\$0 - \$12,000 \$12,201 - \$20,000 \$20,201 - \$40,000 \$40,000+

Please check all sources of income:

Wages SSI TANF Unemployment Child Support

EDUCATION

Highest grade completed: 1-6 7-8 9 10 11 12

GED Associate Bachelor Master

Currently enrolled in (Education program): _____

Please check the areas where you are experiencing difficulties:

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Childcare Costs |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Healthcare Costs |
| <input type="checkbox"/> Budget | |

I certify that the following are true (check all that apply):

- I do not receive disability assistance, or I want to discontinue disability assistance
- I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am stabilized
- I am willing to work with others to become self-sufficient, i.e. independent of assistance
- I am willing to participate in a phone interview to determine my eligibility and willingness to participate in this program
- I am willing to participate in a 10-week class, approximately 2 ½ hours per class

Thank you for your interest and for taking the time to complete this application. The information you provide will be used to determine eligibility for the Getting Ahead program and track progress towards goals. Completing this application does not guarantee you will be accepted.

SIGNATURE

Signature: _____ Date: _____

If you were referred to us by another agency, please list the agency name here:

Referring Agency: _____

Contact Name/Phone: _____

Please return completed application to:

By Mail: One Body Collaboratives, PO Box 1633, Rockford, IL 61110

By Email: Sue.Klock@OneBodyCollaboratives.org
Questions? Call 815-979-4377