

Applicant Name (First, MI, Last)		Date			
Mailing Address		City	State		
Phone Number		Alternate Phone Number			
Additional Contact		Contact Person's Phone Number			
Applicant Email Address		Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		
County:					
1. What is your date of birth: _____		1. Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you have a disability and/or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you have any minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Do you reside in the 44830 zip code: <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female					
3. What is your income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____					
4. Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Documented <input type="checkbox"/> Undocumented <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other _____					
Education: <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED Highest Grade Completed _____ Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ What are you studying? _____ What is your career interest? _____					
How did you hear about the program?					
Comments:					