Logo

Description automatically generated

**APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouses Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list names of ALL adults in household:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the children in household:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Do your children live with you? Y N If not, where do they live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have visitation rights? Y N Are other children in household? Y N

**REFERRAL**

I was referred to Muskogee Bridges Out of Poverty by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This person may be contacted to discuss your situation)

**EMPLOYMENT**

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Assoc. BA/BS Masters

Currently enrolled in (Education Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

Please circle all sources of income:

Wages TANF SSI Unemployment Child Support Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total monthly income from all sources $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION**

Do you have a working vehicle? Y N OR Are you on a bus route? Y N   
  
Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT SERVICE AGENCIES**

**Please check the agencies you are currently working with**:

|  |  |
| --- | --- |
|  | Head Start |
|  | Energy Assistance (OG&E, OHS, LIHP, Catholic Charities, First UM church, Sec 8) |
|  | Food Stamps/ SNAP/WIC |
|  | Free/Reduced school lunches |
|  | Academic Financial Aid |
|  | TANF |
|  | Soonercare/Medicaid (health care) |
|  | Salvation Army |
|  | DRS Vocational Rehab |
|  | Adult Education (GED) |
|  | Drug Court |
|  | Celebrate Recovery |
|  | Other: |

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

\_\_\_ Employment \_\_\_ Isolation/lack of social support \_\_\_ Parenting

\_\_\_ Transportation \_\_\_ Housing \_\_\_ Legal

\_\_\_ Training/Education \_\_\_ Alcohol/Drugs \_\_\_ Healthcare Costs

\_\_\_ Budgeting \_\_\_\_Mental Health \_\_\_ Physical Health

\_\_\_ Food \_\_\_ Dental/Vision \_\_\_ Boundaries

\_\_\_ Safety \_\_\_ Behavior of Children \_\_\_ Stress

\_\_\_ Planning \_\_\_ Income \_\_\_Childcare

\_\_\_ Community Problems \_\_\_ Lack of Opportunity \_\_\_ Discrimination

**Check the following statements that are true:**

\_\_\_ If possible, I would like to eventually discontinue disability assistance.

\_\_\_ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation,   
homeless, etc.)

\_\_\_ I give permission for Bridges staff to talk to referring source about participant’s life situation, strengths and barriers

\_\_\_ I am willing to work with others to become more self-sufficient, i.e. decrease public assistance

\_\_\_ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange childcare during the interview.

\_\_\_ I am willing to commit to a 18-20-week training course. (Approx. 3 hrs., one night per week, childcare & dinner provided)

\_\_\_ I agree to a background check knowing that the information obtained will not be used to determine acceptance into   
 the class, but for safety of all participants.

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

|  |  |
| --- | --- |
| **SERVICE/PROFESSIONAL** | **Contact Name & Telephone Number** |
| Alcohol/Drug Treatment |  |
| Counselor/Therapist |  |
| Vocational Rehab |  |
| Other: |  |

**PHOTO/VIDEO RELEASE**

If you are selected as one of our participants/Investigators do you authorize Bridges staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y N** If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

***\*We will be serving a meal. If you have any food allergies it is your responsibility to ask about ingredients. We are not responsible for any allergy or medical reaction you may have.***

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 Muskogee Bridges Out of Poverty initiative and track progress toward goals.

***I further understand that a background check will be taken for informational purposes but will not solely disqualify me for participation***.

*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

This is an application for the *Getting Ahead Training*; it **does not** guarantee you will be accepted. You will be contacted for an interview approximately one month prior to the next class starting. If your contact number changes after you have submitted this application, you are responsible for informing the Bridges staff as soon as possible.

Thank you!

**Please mail, email, or deliver to:**

Muskogee Bridges Out of Poverty

1503 W. Broadway

Muskogee, OK 74401

Phone: (918) 840-5331

[shenia@muskogeebridges.org](mailto:shenia@muskogeebridges.org)

For More Information:

[www.muskogeebridgesoutofpoverty.org](http://www.muskogeebridgesoutofpoverty.org)

Facebook – Muskogee Bridges Out of Poverty

Background Check Authorization

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Former Name(s) and Dates Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s License Number/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Muskogee Bridges Out of Poverty, Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Muskogee Bridges Out of Poverty, Inc.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **Muskogee Bridges** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant’s personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**Signature**:  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**