

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applicants Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant meets following criteria (check):**

\_\_\_ Is below 200% of the federal poverty guidelines and is eligible for public assistance

\_\_\_ Does not receive disability assistance or wants to discontinue disability assistance

\_\_\_ Is not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless);
you are stabilized

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

\_\_\_ Is willing to work with others to become self-sufficient, i.e. independent of public assistance

\_\_\_ Understands that a background check will be done for informational purposes, but will not solely disqualify
applicants

**Brief description of current strengths/barriers:**

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

How many people are in your household? \_\_\_\_\_\_\_\_

**Muskogee Bridges Out of Poverty**

**Participant 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

Total monthly income for 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 |
|  | Free/Reduced school lunches, WIC |
|  | Academic Financial Aid |
|  | Link Up Phone service |
|  | Salvation Army after school program |
|  | DRS Vocational Rehab |
|  | Adult Education (GED) |
|  | Other: |

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

\_\_\_ Employment \_\_\_ Isolation

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

\_\_\_ Training/Education \_\_\_ Alcohol/Drugs

\_\_\_ Budget \_\_\_ Childcare Costs

\_\_\_ Legal \_\_\_ Healthcare Costs

\_\_\_ Parenting

 **I certify that the following are true (Check):**

\_\_\_ 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

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

\_\_\_ Is willing to work with others to become self-sufficient, i.e. independent of public assistance

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

\_\_\_ I am willing to participate in an 18-20 week training course.
(Approximately 3 hrs., one evening per week, childcare & dinner provided)

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

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

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.
Thank you for your interest and for taking the time to fill out this application.

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

Muskogee Bridges Out of Poverty

207 N. 2nd St.

Muskogee, OK 74401

Phone: (918) 683-4600
Fax: (918) 683-3355

ssalimonu@nbn-nrc.org

dwhite@nbn-nrc.org

Background Check Authorization

**Print Name:**

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

**Current Address:**

**Previous Address:**

**Social Security Number:**

**Date of Birth:**

**Telephone Number:**

**Drivers License Number/State:**

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Neighbors Building Neighborhoods** **(NBN)** 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 **Neighbors Building Neighborhoods** 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. **NBN** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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