



Covenant Community Development Corporation

APPLICATION

I understand that I'm applying for a 16 week course

Name: _____ Date of birth: _____

Spouse 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 there other children in the household? Y N

REFERRAL

I was referred to Getting Ahead class by: _____

Phone: _____ (This person may be contacted to discuss your situation.)

EMPLOYMENT

Place of employment:

Job title: _____ Length of employment: _____

EDUCATION

Highest grade completed (Check) 1–6 7–8 9 10 11 12 Assoc BA/BS Master's

Currently enrolled in (education program):

Date enrolled: _____ Anticipated completion date: _____

INCOME

Please indicate income received each month:

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:

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Energy assistance
<input type="checkbox"/>	Food stamps/SNAP/WIC
<input type="checkbox"/>	Free/reduced school lunches
<input type="checkbox"/>	Academic financial aid
<input type="checkbox"/>	TANF
<input type="checkbox"/>	Salvation Army, Trinity Mission, St. Toms, and Area IV
<input type="checkbox"/>	Vocational rehab
<input type="checkbox"/>	Adult education (GED)
<input type="checkbox"/>	Drug court
<input type="checkbox"/>	Celebrate Recovery, AA, or similar group
<input type="checkbox"/>	Other:

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

<input type="checkbox"/> Employment	<input type="checkbox"/> Isolation	<input type="checkbox"/> Parenting
<input type="checkbox"/> Transportation	<input type="checkbox"/> Housing	<input type="checkbox"/> Legal
<input type="checkbox"/> Training/education	<input type="checkbox"/> Alcohol/drugs	<input type="checkbox"/> Healthcare costs
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Dental/vision	<input type="checkbox"/> Boundaries
<input type="checkbox"/> Other: _____		

I certify that the following are true (check):

- ☐ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am fairly stable. (You can explain this further in the interview.)
- ☐ I give permission for CCDC staff to talk to referring source about participant's life situation, strengths, and barriers
- ☐ I am willing to participate in an interview with CCDC staff. It is my responsibility to arrange childcare during the interview.
- ☐ **I am willing to commit to a 16 week** of "Kitchen Table" sessions. (Approx. 2.5 hours one night per week, childcare, dinner and gift card provided)

PHOTO/VIDEO RELEASE

If you are selected as one of our participants/Investigators, do you authorize CCDC staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y** **N**

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 Getting Ahead initiative and track progress toward goals.

Signature: _____ Date: _____

This is an application for the Getting Ahead group; it *does not* guarantee you will be accepted. You will be contacted for an interview soon. If your contact number changes after you have submitted this application, you are responsible for informing the CCDC as soon as possible.

Thank you!

Please mail, email, or deliver to:

CCDC
3600 South 9th Street
Lafayette, IN 47909 info@ccdclafayette.org

