

## Life Works Application Instructions

1. Fill out a **Life Works Program** application; if you need assistance filling it out please come to the office and ask the receptionist if a Life Coach is available, or call to schedule a meeting time with the Lead Coach.
2. **Mail or bring** your application to Community Action Opportunities at 25 Gaston Street, Asheville, NC 28801 Attention: **Life Works Program**.
3. For more information about the **Life Works Program** or status of your application:
  - Call 252-2495 or come to the Asheville location at 25 Gaston Street, 28801 and ask to speak with the Lead Life Coach.
  - Our Black Mountain office is located at 301 East State Street, 28711. Hours by appointment only.
  - Our Madison County office is located at Job Link on the Madison ABTech campus. We staff only on Mondays and Fridays so call 329-5169 to schedule.
  - Our McDowell County office is located at Job Link in Marion 828-777-5142

Information about the Program and a copy of the application is available on the Community Action Opportunities web site: [www.communityactionopportunities.org](http://www.communityactionopportunities.org)

### What Happens Next?

1. An Application Acknowledgement letter will be sent notifying you that we received your application and that you have been scheduled for an Orientation. The letter will include the date and time of the Orientation. You **will not** receive a reminder notice or phone call, so retain the letter to remind yourself not to miss the Orientation.
2. If you cannot attend that Orientation, you must call the Lead Life Coach to re-schedule.
3. The Application Acknowledgement letter will include a copy of our Education History, Work History and Financial History forms; please fill them out and bring the completed forms with you.
4. After the Orientation, if you decide you want to continue with the application process, you will have the opportunity to schedule a one-on-one interview with a Life Coach. At the interview you will need to provide:
  - Social Security Cards (or copies) for all family members in your household or Federal Identification Numbers
  - Proof of all sources of Income for past 90 days, for all family members 18 and older. This can be paycheck stubs if working, a food stamp printout if you have no income. Copy of tax form if self-employed, child support received, Work First, unemployment, SSI, SSA, retirement income, utility subsidy, etc.We will use this information to determine if you meet income guidelines for Life Works eligibility. **Note:** We consider an adult to be a *family member* if you are married to them or if you are related to them by blood (ex: siblings, parents) and they live in the home with you.
5. After you have completed the Orientation and individual interview, your application will be evaluated by the Life Works team. A coach will notify you in writing once a decision has been made whether to proceed toward enrollment, to return your application to the waitlist or to refuse your application.
6. If you do not attend the Orientation or the individual interview as scheduled, and have not called in advance to re-schedule, we will assume you no longer need our services and your application will be refused. If your application is refused and you choose to re-apply, there will be a six-month waiting period before you can be scheduled for another Orientation.



LWC # \_\_\_\_\_

# Community Action Opportunities

HELPING PEOPLE. CHANGING LIVES.

## Life Works Program Application

The Life Works Program is an intensive employment, education and financial capabilities focused program that supports you in identifying and completing your life goals. Success requires that you maintain regular contact with your Life Coach and show progress toward achieving your goals. The program is time limited. Within six months of enrollment all participants must be employed or in job training.

Applicant's Name: \_\_\_\_\_  
First M Last

Street Address: \_\_\_\_\_  
Street Apt. #/ Lot #

\_\_\_\_\_ City State Zip Code

Mailing Address (if different): \_\_\_\_\_

Best ways to reach you? Phone: \_\_\_\_\_ Texting OK? \_\_\_\_\_

Alternate phone (or friend/family who will take a message): \_\_\_\_\_ Texting OK? \_\_\_\_\_

E-mail address: \_\_\_\_\_

Household Member Name	Relationship to Applicant	Social Security Number	Date of Birth	Age	Race	Gender	Highest Grade Completed	Marital Status
	Applicant/ (Yourself)							

Does any family member in your home receive any of the following? **Check all** that apply:

- |                              |   |                           |
|------------------------------|---|---------------------------|
| Employment Income _____      | Section 8 Housing Vouchers _____          | Child Care Vouchers _____ |
| Self Employment Income _____ | Utility Allowance _____                   | Child Support _____       |
| Unemployment _____           | Grants/ Scholarships/ Financial Aid _____ | Food Stamps _____         |
| Social Security (SSA) _____  | Work First Benefits _____                 | Medicaid/ Medicare _____  |
| Social Security (SSI) _____  | Retirement/ Pension _____                 |                           |

Please list all income and the source **for all family members** of your household:

Household Member	Income Source/ Employer	Monthly Gross Amount

**\*\*\*Please note that financial documentation for all family members must be provided for admission.\*\*\***

Total **Monthly** Household Income: \$ \_\_\_\_\_

How would your household benefit from the services that we provide?

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What are you currently doing to find employment? What are your employment goals?

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What support systems do you have in place? This could be other organizations, friends, or family.

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Where did you hear about the Life Works Program?

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**I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may have to provide documentation to support it. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.**

**I am aware that I may be denied assistance if I am found ineligible. I understand I have the right to appeal any denial of service or assistance for which I may be eligible.**

**I allow release of information contained herein for the purpose of verification of my situation.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date