



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.

Personal Information:

Name:		Today's Date:	
Address (Street, Apt, City, State, Zip):		Mailing Address (if different):	
Email: _____		Cell Phone: _____ Alternate Phone: _____	
Date of Birth: ____/____/____	Gender:	Hispanic/Latino/Spanish Origins: Yes ____ No ____	Primary Language:
Race: African American ____ White ____ Hispanic Native ____ Native American ____ Asian ____ Native Hawaiian ____ Multi-Race ____ Other ____			
Education Status (highest level completed): 0-8 th grade ____ 9-12 th grade ____ High School Graduate ____ Some College ____ College/Tech School Graduate ____ Post-Secondary School Graduate ____		School Enrollment Status: Not Enrolled ____ Part-Time ____ Full-Time ____ School Name (if enrolled): _____	
Work Status: <i>If Employed:</i> Full-Time ____ Part-Time ____ Migrant/Seasonal Farm Worker ____ <i>If Unemployed:</i> Six Months or Less ____ More than Six Months ____ Not in Labor Force ____ Retired ____		Disabled: Yes ____ No ____	Health Insured: Yes ____ No ____
Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____		Veteran: Yes ____ No ____	Active Military: Yes ____ No ____
Housing Status: Rent ____ Own ____ Transitional House ____ Shelter ____ Homeless ____ Staying with friend/family ____ Other Permanent Housing ____ Other _____			
Household Type: Single Person ____ Single Parent ____ Two Parent ____ Two adults (no children) ____ Grandparents ____ Guardian ____ Other ____			

Household Information: *List the names of each person (related by birth, marriage, or adoption) living in your household.

Name	Relationship To Applicant	Date of Birth	Race	Gender	Highest Grade Completed	Marital Status

Income Information:

Which of the following types of income and/or benefits have you or anyone in your household received in the past 90 days? (Select all that apply)

- | | | |
|----------------------------------------------|------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Grants/Scholarships/Financial Aid |
| <input type="checkbox"/> Work First Benefits | <input type="checkbox"/> Social Security (SSA) | <input type="checkbox"/> Pension or Retirement |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Social Security (SSI) | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Child Care Vouchers | <input type="checkbox"/> Utility Allowance |

Additional Information:

With which of the following supportive services do you or someone in your household need assistance? (Select all that apply)

- | | | |
|---------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation | <input type="checkbox"/> Budgeting/Credit Repair |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Housing | <input type="checkbox"/> Community Referrals |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Self-Esteem Building |
| <input type="checkbox"/> Other: _____ | | |

Do you have a child enrolled in the Head Start or Early Head Start program? Yes _____ No _____

If yes, where: _____

How did you hear about Community Action Opportunities? _____

Next steps: Please gather the following documentation, **if applicable:**

- Verification of Identity for all Household Members
 - Photo ID (for all adults) & Social Security Cards (for all adults and children)
- Verification of Income for all Household Members
 - Last pay stubs from each job held in the last 90 days
 - Documentation of Work First benefits, SSI/SSA/VA benefits, Unemployment and/or Child Support Payments received

***Note: Lack of any of the above documentation will not impact your program eligibility**

By submitting this application, you are acknowledging you have read and agree to the following:

Certification of Information

I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible.

Certification and Waiver of Privacy Rights Statement

I hereby grant permission and authorize any employer, utility company, fuel company, Veteran's Administration, Department of Social Services, Social Security Administration, and any other applicable public and/or private institution to share information regarding my past and/or present income verification in order to determine eligibility for CSBG services. I allow release of information contained herein for purposes of verification. I understand that any personal information I provide will be held in confidence in order to protect my privacy.

Applicant Signature

Date

Life Works Staff Signature

Date

Thank you for completing this application – We will follow-up with you soon!