



Please fill out completely. Incomplete application cannot be accepted.

CONTACT INFORMATION

Name:

Current address:

Apartment/Unit#:

City:

State:

ZIP Code:

Primary Phone:

Alternate Phone:

Email:

Preferred (circle one) Email phone text

1. Personal Information

Gender (circle one):

- M F
- Non-binary/third gender
- Prefer to self describe: _____

Prefer not to say

Marital Status:

- Single/Never Married
- Married
- Divorced/Separated
- Widowed
- Living with Partner

Date of Birth: / /

2. Racial/Ethnic Background

Race (select all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian Pacific Islander
- White/Caucasian
- Multiracial
- Prefer not to answer
- Other:

Ethnicity:

- Hispanic
- Non-Hispanic

Origin of Birth:

- Born in U.S.
- Born outside U.S.
- Unknown
- Prefer not to answer

4. Household Information

Housing:

- Rent
- Own
- Subsidized
- Public Housing
- Homeless
- Other

Age Group:

- Under 18
- 18-24
- 25-49
- 50-64
- 65+

Household Income:

- \$0 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 +

Household Members:

Please list all household members other than self.

First Name	Age	Gender	Child care needed
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

3. Times available (circle):

Sun Mon Tues Wed Thurs Fri Sat

Mornings afternoons evenings

Need transportation? (circle one) Y N

5. How did you hear about Getting Ahead?

- Employer Friend
- Radio Community Event
- Poster/Flyer Newspaper
- Internet Other

6. Do you or your child(ren) have any special needs (i.e. food allergies, mobility, child care, etc.) that our staff should know about? Please describe below: