

Basic Skills/Self-Sufficiency PROGRAM APPLICATION

*Please complete all sections to the best of your ability. If a question is not applicable, write "N/A" or leave blank.
Fields marked with an asterisk (*) are required. Incomplete applications will not be considered.*

Last Name*	First Name*	Date*
Mailing Address*	City*	Zip*
Primary Phone*	Email Address	
Cell Phone	Message Phone	
Date of Birth*	How did you hear about this program?	

CHILDREN			
Name*	Date of Birth*	Gender	
Name*	Date of Birth*	Gender	
Name*	Date of Birth*	Gender	
Name*	Date of Birth*	Gender	
Name*	Date of Birth*	Gender	
EDUCATION			
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of graduation or GED:	
Any college or vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates attended:	Credit hours completed:	Subject studied:
Did you graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what degree?		
Employment			
Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Type of job/industry:	
	Hours per week:	Hourly wage:	
MONTHLY INCOME			
Source:	Amount:		
<input type="checkbox"/> Employment	\$		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$		
<input type="checkbox"/> Public Assistance	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Social Security Income (SSI)	\$		
<input type="checkbox"/> Other (please describe):	\$		
Total Monthly Income:			\$

PERSONAL STATEMENT

What kind of work would you like to do?

What training or education do you need to complete in order to reach your goals?

What are you hoping to gain by participating in the basic skills/self-sufficiency program?

Describe any positive qualities and strengths that make you a good candidate for this program.

What could get in the way of you achieving your goals? *(Check all that apply)*

Job Training
 Learning disabilities
 Substance abuse
 Debt/Default On Loans
 Housing
 Childcare
 Medical Coverage
 Health Issues (self/children)
 Transportation
 Other *(please describe)*:

CRIMINAL HISTORY

Have you been convicted of a misdemeanor? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Have you been convicted of a felony? <input type="checkbox"/> Yes* <input type="checkbox"/> No
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**A conviction will not necessarily disqualify an applicant.*

PERSONAL REFERENCES

Please identify two individuals who you feel can comment on your strengths and your desire to become self-sufficient. Your references may be from a counselor, employer, minister, etc., but NOT from a family member or friend.

Name	Relationship	Phone Number

SIGNATURE

By signing below, I affirm that all information on this application is correct to the best of my knowledge. I also understand that I must keep the YWCA Omaha informed of any changes to my application (Example: Address or phone number) or I will not be considered for the program.

*Signature: _____ *Date: _____

