

**YESS Program
Application for Acceptance**

Last Name: _____ First: _____ M.I.: _____ DOB: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Program Entry: _____ Soc. Sec. #: _____

Housing: LEASED or RENTED Monthly Leased/rented to Whom: _____

Foster Home YES [] NO [] Foster Parent(s) Name(s): _____

DCYF Case Worker: _____ Phone: _____

Are you a U.S. Citizen: YES [] NO [] If no, are you authorized to work in U.S. YES [] NO []

Is Applicant Employed: YES [] NO [] Where: _____ Hourly Rate: _____

EDUCATION

High School/GED: _____ Year: _____

Address: _____ City: _____ Zip: _____

From: _____ to _____ Did you complete? _____ Degree: _____

Trade school/College/University: _____

Address: _____ City: _____ Zip: _____

From: _____ to _____ Currently Attending: YES [] NO []

Anticipated Graduation Date: _____ Degree: _____

Other: _____

Address: _____ City: _____ Zip: _____

From: _____ to _____ Certificate: YES [] NO []

PRIOR PLACEMENTS (please list most current first)

Agency: _____ From: _____ to _____

Address: _____ City: _____

Case Manager: _____ Phone: (____) _____

Agency: _____ From: _____ to _____

Address: _____ City: _____

Case Manager: _____ Phone: (____) _____

PREVIOUS/CURRENT PROGRAM INVOLVEMENT

JCYOI Program: YES[] NO[] Scheduled: () Scheduled Date: _____

If no, is participant willing to attend: YES[] NO[]

Participant completed: YES[] NO[] Goal (IDA) _____ Current Savings _____

Real Connections Client: YES[] NO[] If no, interested in participating: YES[] NO[]

DCYF Higher Ed/ETV Grant Recipient: YES[] NO[]

Life Skills Graduate YES[] NO[] Date Completed: _____

OTHER COMMUNITY PROGRAM INVOLVEMENT

Program Name: _____ Phone: (____) _____

Case Manager: _____ May we contact? YES[] NO[]

Activities/Focus: _____

From: _____ To: _____ Reason for leaving (if applicable) _____

Did participant find involvement valuable? YES [] NO []

CURRENT LIFE GOALS

1. _____

2. _____

3. _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release or discharge from the YESS program. I will also be advised of additional expectations in order to participate as the acceptance process continues.

Signature

Date