

NEW MILFORD COMMUNITY CULINARY PROGRAM APPLICATION

All information provided is strictly confidential. Please print.

Full name: _____ Date: _____

Street Address/Town/Zip: _____

Phone(s): _____ Date of Birth: _____

Social Security # (or INS#): _____ Marital Status: _____

Gender: _____ # and ages of children in household: _____

Mode of transportation: _____ Do you have a license? _____

Race/ethnicity (optional): _____ Do you speak a 2nd language? _____

How did you learn about this program? _____

Why do you want to join this program? _____

Social Services

Other agencies or service providers involved with you: (such as DSS, Dept of Labor, community mental health agency) _____

Contact person at agency: _____

Address: _____

Phone: _____

Are you currently receiving any of the following?

- Cash assistance SSD/SSI Dept. of Labor training funds
- SAGA Cash Food stamps Medicaid/SAGA/HUSKY
- Housing assistance Unemployment

Education

Highest grade of schooling completed _____ High School Diploma? _____ G.E.D? _____

Name of school: _____

Have you ever attended college? _____ Major course of study: _____ Degree? _____

Did you receive special education or resource help in school? _____

Employment

Are you currently employed? _____

Starting with your most recent job please list your work experience:

Name of employer: _____ Start date: _____ End date: _____

Job title: _____ Supervisor's name: _____

Reason for leaving: _____

Name of employer: _____ Start date: _____ End date: _____

Job title: _____ Supervisor's name: _____

Reason for leaving: _____

Name of employer: _____ Start date: _____ End date: _____

Reason for leaving: _____

Have you ever been fired for any reason? ____ Explain: _____

What did you like best about your last job? _____

What did you like least about your last job? _____

Have you ever had a negative experience at work with a supervisor or co-worker? _____

How did you handle it? _____

Do you have any concerns regarding obtaining employment? If so, please explain: _____

Financial

What is your total family income? _____

How many family members reside in your household? _____

Family-related

Where will each of your children be during the hours you are in the program? List the name of the facility or school, address, telephone number and contact person. Use the back of the page if needed.

Do you have a back-up child care plan? _____ Describe: _____

Housing-related

Are you a homeowner or renter? _____ How long have you been at your current address? _____

If less than 2 years, what was your previous address? _____

Any housing issues/concerns? _____

Legal

Do you have any prior convictions? _____ If yes, please list convictions: _____

Are you on probation? _____ Officer's name/phone #: _____

Medical

Do you have any limitations or restriction in standing, sitting, walking, bending, stretching, lifting, reaching or grasping?

Explain: _____

List any recent surgeries: _____

List any allergies: _____

List any medical problems: _____

List any mental health diagnoses: _____

Are you taking any medications? _____ Please list them and the reason prescribed: _____

Do you take your medications as prescribed? _____ If not, explain: _____

How many times were you sick in the last six months? _____

Name of Primary care MD: _____

MD Address/phone#: _____

Do you have medical insurance? _____ If yes, Company name: _____

Policy #: _____

PLEASE BRING YOUR INSURANCE CARD AND A PHOTO I.D. WITH YOU SO WE CAN MAKE A COPY FOR YOUR FILE.

Lifestyle

Do you have a history of substance abuse? _____

Are you currently using illegal drugs? _____ When was the last time you used drugs? _____

_____ What was your drug of choice? _____

Do you drink alcohol? _____ How often/much per week? _____ When was the last time you had a drink? _____

Are you involved in any recovery or 12 step programs? _____ If so, describe _____

Do you currently have a lot of stress in your life? _____ If so, describe _____

What do you like to do in your free time? _____

Are there personal, professional, social or family obstacles that may interfere with your successful participation in this program? If so, please explain: _____

Feel free to make any additional comments about yourself below.