

Application Date: _____

At Home Group Application

Client's Last Name: _____

First Name: _____ Middle Name: _____ Nickname: _____

Address: _____

Phone: Cell: _____ Other: _____ Email Address: _____

Residing: ___Streets ___Car ___Halfway House/Sober House/Shelter ___Section 8 ___Subsidized Housing ___Other

Co./org. providing housing: _____ Contact at residence: _____ Phone: _____

List two people living in any state in the U.S. with whom you always keep in contact, who retain a constant phone number.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Spouse Name (optional): _____ Spouse's contact info if appropriate: _____

Employer: Company Name: _____ City: _____

Supervisor/Contact: _____ Phone: _____

Business or Character References: Professional – not friends or relatives: Employers, supervisors, present or past co-workers, college professors, case workers, probation officers, etc. are appropriate here.

Name	Business	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Check which program fits your needs. You may also apply for the bus card.

___ **Tools for the Job** Please bring to meeting list of items needed, costs and place to purchase; may include uniforms. (Max is \$500)

Describe type of tools you need: _____

Name of profession: _____ Years experience in this profession? _____

___ **On The Bus** Bus card for transportation for first month of employment.

___ **Internships** An opportunity for experience in your field of interest.
These do not pay a salary but allow the participant to gain job experience and references.

Name of profession(s) in which you would like to gain experience: _____

For "Internship," "Tools For the Job" or "On The Bus," **please name employer:** _____

Job Title: _____

Supervisor/Contact: _____ Phone: _____

___ **Your Own Business** Bring a list of start-up expenses to meeting. (Max is \$2,000)

Type of business: _____ Years experience in this profession? _____

The following questions will address some personal issues. Answering YES to any of these questions WILL NOT disqualify you from receiving our assistance. Hopefully it will allow us to make you aware of additional resources.

Personal Issues: Are any of the following an issue for you?

Chemical Abuse Addiction Pending Legal Issues Mental Health Concerns Lack of Needed Medication

Do you have Health Insurance? Yes No

Describe how you are dealing with any of the above issues you checked:

Incarceration: If current, list name and phone number of Case Manager or Probation Officer: _____

County or State: _____ Phone: _____

Outstanding warrants and issuing county: _____

Family: Number of Children Number of Dependents Single Divorced Married

Source of Income: MFIP GA SSI MSA Other: _____

Do you have a Food Card [Stamps]? Yes No (If not call 651-209-7963 for information on how to receive them.)

Support Networks : List individuals you can rely on for help: (family, friends, co-workers, church or other community members)

Transportation: Bus Car Other/Explain: _____

Please explain why you need this assistance:

What personal strengths/coping skills do you have that will help you succeed in this position?

(Examples: Punctual, good heart, caring person, hard worker, dedicate myself to something 100 percent.)

Referral: How did you hear about At Home Group? _____

Resources: Please list other ways or places you have tried to get help for the above request:

There is no other place that gives this type of assistance.

These places give assistance but I wasn't approved because: _____

Work Eligibility: Are you legally allowed to work in the United States? Yes No

Residency: Born in Minnesota If not born here, years in Minnesota? List other states/countries of residence?

Education & Work History: Highest education level completed: _____

Resume: Bring resume to meeting or fill in listing below.

College/Trade School Listings

<u>Dates</u>	<u>College/Trade School</u>	<u>City/State</u>	<u>Years Completed</u>	<u>Degree or Certificate</u>
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<u>Dates</u>	<u>College/Trade School</u>	<u>City/State</u>	<u>Years Completed</u>	<u>Degree or Certificate</u>
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<u>Dates</u>	<u>College/Trade School</u>	<u>City/State</u>	<u>Years Completed</u>	<u>Degree or Certificate</u>
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Employment/Employer Listings

<u>Dates</u>	<u>Employer</u>	<u>City</u>	<u>Position Title</u>	<u>Supervisor or Contact Name</u>	<u>Phone Number</u>
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<u>Dates</u>	<u>Employer</u>	<u>City</u>	<u>Position Title</u>	<u>Supervisor or Contact Name</u>	<u>Phone Number</u>
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Thank you for applying with At Home Group!