



YouthBuild Participant Application

Personal Information					
Last Name		First Name		MI (Optional)	Today's Date ____ / ____ / ____ Month Day Year
Street Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Parish of Residence		Home Phone Number ()		Cell Phone Number ()	
Emergency Contact Name/Relationship		Address		Phone Number ()	
Email Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number _____ - _____ - _____	
Date of Birth ____ / ____ / ____ Month Day Year		Race <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/American/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other:			
Place of Birth	City	State	Parish/County	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other:
Parent/ Guardian if under 18:			Relationship to Applicant:		
Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Information regarding Disability:		Does Applicant have a Current Department of Rehabilitation Service Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant need supported services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the applicant require any adaptive equipment to assist with Employment or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:			
Criminal History					
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		Do you currently have a case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		Have you ever been on Probation/Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:	
Have you been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		Have you been convicted of a Misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		Drivers Licenses/ State ID State Issued: _____ DL/ID #: _____ Expiration Date: ____ / ____ / ____	
Does Applicant have a History of Alcohol Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes are you currently undergoing treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Applicant have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes are you currently undergoing Substance Abuse Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently using the following Substances: Marijuana <input type="checkbox"/> Yes <input type="checkbox"/> No Cocaine <input type="checkbox"/> Yes <input type="checkbox"/> No Heroin <input type="checkbox"/> Yes <input type="checkbox"/> No Other Illegal Substances _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	



Marital Status:
 Minor Never Married Married
 Divorced Separated Widowed

Housing

Number of people in household. _____	Is the applicant a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the applicant Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Applicant Dependents? _____
Is the applicant a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Annual Household Income (choose one)
 None \$1 - \$10,000 \$10,001 - \$20,000
 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - ↑

Type of Housing
 Rent Own Public Housing Homeless Homeless Shelter Group Home Other

Please list ALL members in Your Household:

Name	Relationship	Age
(Self)		

Is the applicant Receiving HUD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Received: ___/___/____	Do you Receive Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
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Does anyone living in your household your receive Public Assistance?
 Yes No If yes, who?

Medicaid Participant <input type="checkbox"/> Yes <input type="checkbox"/> No	DHS (Social Security) Participant <input type="checkbox"/> Yes <input type="checkbox"/> No	DHS Caseworker Name:
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Education

Highest Grad Completed <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	For Office Use Only – TABE Scores
	Date Administered ___/___/____
	Reading: _____ Spelling: _____
	Applied Math: _____ Vocabulary: _____
	Language: _____ Language Mechanics: _____

Do you currently have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Received: _____	Do you currently have a GED/HiSet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Received: _____
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Name of School Attended or Last Enrolled:	School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please List Reason For School Drop Out:

What is your Uniform Size Pants: _____ T-Shirt: _____



Employment History

Does the applicant have any previous work History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employment Status: <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Employed Less Than Part Time <input type="checkbox"/> Unemployed	Has the Applicant terminated are asked to resign a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please explain:
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Please List Work History for the Last Two (2) Years

Dates worked Month/Date/Year ____ / ____ / ____ to ____ / ____ / ____	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip code	Phone number	Wage/Salary
Reason for Leaving	Job Duties	

Dates worked Month/Date/Year ____ / ____ / ____ to ____ / ____ / ____	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip code	Phone number	Wage/Salary
Reason for Leaving	Job Duties	

Dates worked Month/Date/Year ____ / ____ / ____ to ____ / ____ / ____	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip code	Phone number	Wage/Salary
Reason for Leaving	Job Duties	



Dates worked Month/Date/Year ____/____/____ to ____/____/____	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip code	Phone number	Wage/Salary
Reason for Leaving	Job Duties	

List any certifications, special skills, or areas of interest:

YouthBuild Income Eligibility

Earned Income

Household Income <i>List Family Members that are working</i>	How many weeks on the Job?	Hourly Rate of Pay	Hours Worked Per Week	Paid? Daily, Weekly, Bi-Weekly, Monthly
1.				
2.				
3.				
4.				
Total Income	***Add additional Family Members on back of this page.			

Applicant Meets Eligible Income Requirements:

Yes No

Family Size and Allowable Income

Family Size (2019)	Allowable Income
1	
2	
3	
4	
5	
6	
7	
8	

List additional source of Financial Support:

Financial Support List Family Member	Type of Support (SSI, SSDI, Child Support, etc...)	Amount/Time Frames

How did you learn about AMIkids Baton Rouge Youth Build?

