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## YouthBuild Participant Application

	P	Personal I	Infori	nation				
Last Name First Nam	ne		MI (	(Optional)	Today's	Date		
					Month	/ Day	_ / Year	<del></del>
					Month	Day		
Street Address			City		Stat	e	Zip Code	
Mailing Address			City		Stat	e	Zip Code	
Parish of Residence	Home	e Phone Nu	ımber			Cell Phone	Number	
	(	)				( )		
<b>Emergency Contact</b>	Addre	ess				Phone Num	ıber	
Name/Relationship	12442					( )		
Email Address	Gend	er			Social Secu	ırity Number		
		Male	□ Fe	male				
Date of Birth	F	Race						
//		Native An				Black/Africar	n American	
Month Day Year		Hispanic/l				Caucasian		
		Asian/Ame	erican/	Pacific Isla	nder	Multiracial		
Place of Birth City State		Other: sh/County		U.S. Citizo	en .	Primary La	nguage	
Trace of Birth City State	Tans	sii/County		C.S. CILE	CII	Tilliary La	inguage	
				□ Yes	□ No	☐ English☐ Chinese	<ul><li>□ Spanish</li><li>□ Other:</li></ul>	☐ Arabic
Parent/ Guardian if under 18:				Relationsl	nip to Appli			
Individual with Disability Information	on regarding D	isability:			Does App	licant have a	Current Departi	ment of
21101111101	, a regurening 2	1500211103 0				ation Service		
□ Yes □ No					□ Yes	□ No		
Does the applicant need supported service	s?	Does the ap	plicant	require an	y adaptive	equipment to	assist with Empl	oyment or
		raining?						
□ Yes □ No		Yes	□ No	I	f yes, Expla	in:		
		Crimina	al His	tory				
Have your ever been arrested?	Do you curren	-	_	_		-	been on Probati	
☐ Yes ☐ No If yes, Explain:	□ Yes □ No	If yes, E	Explain	:		Yes □ No	If yes, Explain	ι:
Have you been convicted of a Felony?	Have	you been co	onvict	ed of a	D	rivers License	es/ State ID	
☐ Yes ☐ No If yes, Explain:		emeanor				tate Issued:		
	□ Yes	s □ No	If yes	, Explain:		L/ID #: xpiration Dat		
Does Applicant have a History of Alcohol	Does	the Applica	ant hav	e a history			tly using the fol	lowing
Abuse?		ance abuse		c u mstor.		ubstances:	try using the lor	io wing
□ Yes □ No	□ Yes					Iarijuana	$\square$ Yes	$\square$ No
If Yes are you currently undergoing treat		s are you cu			_	ocaine	□ Yes	□ No
□ Yes □ No	Subst □ Yes	tance Abuse		ment?		leroin	☐ Yes	$\square$ No
		s ⊔N	NO			ther Illegal Sul	- **	□ No





Marital Status:					
	☐ Minor ☐ Never Ma	rried 🗆 M	arried		
	☐ Divorced ☐ Separated	l □ W	idowed		
	·		raina		
Name have for a sale in	In the applicant and		ising	D 42	Nous have of Americans
Number of people in	Is the applicant a par	ent?	Is the applicant	Pregnant?	Number of Applicant
household.	□ Yes □ No		□ Yes □ No		Dependents?
		-149			
	Is the applicant a sing	gie parent:			
Annual Hausahald Inac					
Annual Household Inco	⊓ None		\$1 - \$10,000	□ \$10,001 - \$	220,000
	□ None		\$1 - \$10,000	_ \$10,001 <b>-</b> 1	520,000
	□ \$20,001 - \$	30,000	\$30,001 - \$40,000	□ \$40,001 - ↑	
Type of Housing	<u> </u>	30,000	\$30,001 - \$40,000	<u> </u>	
-	□ Dublic Housing □ Ho	malagg	□ Hamalaga Chaltar	Croun Hom	o Dothar
☐ Rent ☐ Own  Please list ALL membe		meless	Homeless Shelter	☐ Group Hom	e 🛘 Other
Please list ALL membe	rs in Your Household:				
Name			Relationship		Age
			(Self)		
Is the applicant Receiving	ing HUD? Do	you Receiv	e Public Assistance?		
□ Yes □ No		Yes □ No	If yes, please expla	in:	
If yes, Date Received: _	/				
Does anyone living in y	our household your receive Publ	lic Assistanc	e?		
☐ Yes ☐ No If ye					
Medicaid Participant	DHS (Social Security) I	Participant	DHS Caseworker Na	me:	
☐ Yes ☐ No	☐ Yes ☐ No				
		Edu	cation		
Highest Grad Complete	ed		For Office	Use Only – TA	ABE Scores
				v	
$\Box$ $6^{ ext{th}}$ $\Box$ $7^{ ext{th}}$ $\Box$ $8^{ ext{th}}$	$\Box 9^{ ext{th}} \Box 11^{ ext{th}} \Box 12^{ ext{th}}$	Date Adm	inistered /	/	
		Reading:		Spelling:	
		Applied M	lath:	Vocabulary	<u></u>
		Language	·	Language M	Iechanics:
	a High School Diploma?		rrently have a GED/Hi	Set?	
□ Yes □ No		□ Yes	$\square$ No		
If yes, Date Received:		If yes, Dat	e Received:		_
Name of School Attend	ed or Last Enrolled:		School Drop Out		
			□ Yes □ No		
Please List Reason For	School Drop Out:	•			
	<u>-</u>				
What is your Uniform	Size Pants:		Γ-Shirt:		



		<b>Employment History</b>		
Does the applicant have any previous work History?  ☐ Yes ☐ No		Current Employment Status:  □ Employed Full Time □ Employed Part Time □ Employed Less Than Part Time □ Unemployed	Has the Applicant terminated are asked to resign a position?  ☐ Yes ☐ No If Yes please explain:	
Please List Work History for the Last Two	(2) Years	1 2		
Dates worked Month/Date/Year	Compan	y	Job Title	
	-			
Address	Supervis	or	Hours Worked Per Week	
City, State, Zip code	Phone n	umber	Wage/Salary	
Reason for Leaving	Job Duti	ies		
Dates worked Month/Date/Year	Compan	у	Job Title	
/to/	_			
Address	Supervis	or	Hours Worked Per Week	
City, State, Zip code	Phone n	umber	Wage/Salary	
Reason for Leaving	Job Duti	ies		
	<u> </u>			
Dates worked Month/Date/Year	Compan	y	Job Title	
/to/	_			
Address	Supervis	or	Hours Worked Per Week	
City, State, Zip code	Phone n	umber	Wage/Salary	
Reason for Leaving	Job Duti	es		



Dates worked Month/Date/Year	Com	pany		Jo	b Title		
Address		Supervisor			H W. L. I D W I		
Address	Super	rvisor		no	Hours Worked Per Week		
City, State, Zip code	Phon	Phone number		Wa	Wage/Salary		
Reason for Leaving	Job I	Job Duties					
ist any certifications, special skills, or a	eas of inter	est:					
•			DI:	o. •1•,			
arned Income	)	YouthBuild I	ncome Eligi	ibility			
Household Income List Family Members that a	are working	How many weel	ks on the Job?	Hourly Rate	Hours Worked	Paid? Daily, Weekly,	
1.				of Pay	Per Week	Bi-Weekly, Monthly	
2.							
3.							
4.							
Total Income	***A(		add additional Family Members on back of this page.				
pplicant Meets Eligible Income Require Yes   No	ements:						
amily Size and Allowable Income							
Family Size (2019) 1			Allowable In	ncome			
<u>2</u> 3							
4							
<u>5</u> 6							
7							
8 ist additional source of Financial Suppo	t.						
Financial Support List Family Memb		e of Support (S	SI, SSDI, Chi	ld Support, etc	c) Am	ount/Time Frames	
ow did you learn about AMIkids Baton	Rouge You	ıth Build?			L		



		t the information is true and accurate to the best of my knowledge. is application and subsequent termination from services.
Signature of Applicant	Date	
Signature of Parent/Guardian	Date	
Signature of Interviewer	Date	
looking for your determination and your hone exceptions. Please Use the space provided or	est thoughts/feeling about the chosen the next page to complete your examile and what three characters should grouge YouthBuild team select you a	I Program? And how will the obtainment of those expectations help reat leaders possess? And why?
Program Status	For Office Use	Only
Application Received://	Student Status:	Status Date:/
Program Cycle:	Cycle Start Date://_	Cycle End Date:/
Grant Cycle Cohort Name:		
Mental Toughness Date://		
<b>Mental Toughness Completion</b>	□ Yes □ No	
Comments:		



application.	_ piease use this form to complete the essay portion of your



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