Self-Sufficiency Program Application

Date:_____

Name:_____ Phone:_____

Address:_____ Cell/Other:_____

_____ Marital Status: (Circle One) Married Single Divorced Separated

Email:_____

Brief description of current situation: _____

_____

Who referred you to us?_____

Type of Assistance Requested (circle one): education housing employment
other (please specify):_____

Family Members (Please include yourself) Total Number in Family ☐

Name				
Relationship				
Gender				
Ethnicity				
SSN				
DOB				
Education				
Living in Home?				
Legal Custody?				

Ethnicity and Gender is for Statistical Purposes Only

Is anyone in your home handicapped/disabled? Yes No If yes, who?_____

Have you ever received assistance from us or participated in any other CCAP programs? Yes No

If yes, please describe, include the dates:_____

_____

_____

_____

For Office Purposes Only:

Orientation scheduled to attend:_____ File Number (ar4ca):_____

Interview Date: _____ Interviewed by: _____

Status: enroll referral re-apply over income