

# Project Forward Families Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

## CONTACT INFORMATION

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		
<b>Phone Number:</b>	<b>Phone Type:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
<b>Alternate Phone Number:</b>	<b>Phone Type:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
<b>Email:</b>	<b>Fax:</b>	
<b>Alternate Contact Name 1:</b>	<b>Alternate Phone Number:</b>	<b>Relationship:</b>
<b>Alternate Contact Name 2:</b>	<b>Alternate Phone Number:</b>	<b>Relationship:</b>
<b>How did you hear about this program?</b> <input type="checkbox"/> First Coast Technical College <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Other organization (Please list) _____ <input type="checkbox"/> Job Fair <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____		

## DEMOGRAPHIC INFORMATION

<b>Date of Birth:</b> ____/____/____ MONTH DAY YEAR	<b>Current Age:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Considered to be of Hispanic heritage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race-Ethnicity:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> I do not wish to answer	

## VETERAN INFORMATION

<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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## EMPLOYMENT INFORMATION

<b>Employment Status:</b> <input type="checkbox"/> Working Full Time <input type="checkbox"/> Working Part Time <input type="checkbox"/> Not Employed
<b>Sources of Income</b> <i>(Please list)</i>
<b>Total Household Income</b>

<b>PUBLIC ASSISTANCE (Last 6 months)</b>				
<b>Temporary Cash Assistance (TANF):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supplemental Security Income (SSI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>General Assistance (GA):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supplemental Nutrition Assistance Program (SNAP):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Security Disability Insurance (SSDI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FAMILY SIZE</b>				
<b>Total Number of Adults:</b>	<b>Total Number of Children:</b>	<b>Number of Children under age 13:</b>		

**Individual Certification:** I certify that the information on this application is accurate to the best of my knowledge. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from Project Forward Families and may result in action to recover any moneys paid on my behalf while participating.

**Signature of Individual:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE STAFF ONLY:**

**Signature of Interviewer/Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN COMPLETED APPLICATION:**

Fax to 904-829-0494 or email to [ProjectForwardFamilies@ccbstaug.org](mailto:ProjectForwardFamilies@ccbstaug.org).