

SRCAA

Salisbury-Rowan Community Action Agency, Inc.
Career and Education Training Services (CETS)



APPLICATION (Please print)

Last 4 digits of SS number: _____

Name: _____ Telephone number: _____

Date of birth: _____ Age: _____ Gender: Male Female

Address: _____

City/State: _____ Zip Code _____

Alternate phone number: _____ E-mail address: _____

Have you been a resident of Cabarrus County for at least 6 months? Yes No

Do you have any children? Yes No If yes, how many? _____ Ages: _____

Are you pregnant? Yes No If yes, when is your due date: _____

Present or highest grade completed: 8th 9th 10th 11th 12th Did you receive your diploma? _____

Do you require additional assistance to complete an educational program and/or to secure and hold employment? Yes No

Do you have a valid driver's license? Yes No Do you have reliable transportation? Yes No

Are you currently employed? Yes No If yes, where: _____

Job Title: _____ Number of hours you work: _____ Rate of pay: \$ _____

Length of Employment _____ If not employed, have you worked in the last 6 months? Yes No

Are you seeking employment? Yes No If yes, what type of work you are interested in: _____

Skills, Interests and Hobbies: _____

Does anyone in your household receive Food Stamps? Yes No

Does anyone in your household receive TANF, SSI or any other benefits? Yes No

Does anyone in your household participate in WorkFirst? Yes No

Do you have a criminal record? Yes No If yes, what were you charged or convicted of: _____

Have you been diagnosed with a disability? Yes No If yes, please list type(s): _____

How did you hear about this program: _____

Do you and your family live in a permanent single family residence? Yes No

If you answered "No," please check the box below that best applies to your current housing situation:

My family and I live:

- A. Temporarily with another family in a house, mobile home, or apartment
- B. At an emergency shelter
- C. In a transitional housing program
- D. In a motel/hotel
- E. Temporarily unsheltered (in a car, RV, campsite, garage, abandoned building, bus station, or park)

If you checked Box A (living with another family in a house, mobile home or apartment), please check one of the following:

- I/We can afford to live on my/our own but choose to live in this situation
- I/We live in this situation out of economic necessity

Is there any need or situation that you would like to share that would help us better serve you? Yes No

If yes, please comment: _____

Contact person in case of emergency: _____

Relationship: _____ Telephone number: _____

In order for your application to be complete, please include copies of the following documents:

Document Requirements

- Valid Picture ID or Driver's License
- Social Security Card
- Birth Certificate, Legal Guardianship/Decree of Court
- Verification of Family Size
- Proof of current address
- Proof of income (from each job held within the last 6 months)
- School Records

If applicable, please include the following:

- Birth certificates of all children
- Food stamp verification
- Verification of DSS TANF, WorkFirst, SSI benefits, any other benefits or income
- Medicaid Card
- Military Selective Service Registration (males 18-21)

I declare that the information and documents I have provided with this application concerning my eligibility are true and correct to the best of my knowledge.

Signature: _____ Date: _____

If under 18, parent or guardian signature: _____