

AVANCE HOUSTON SUPPORT SERVICES APPLICATION

Program Applying for: <input type="checkbox"/> Adult Education <input type="checkbox"/> Strong Families, Strong Communities <input type="checkbox"/> ABE <input type="checkbox"/> Distance Learning <input type="checkbox"/> GED <input type="checkbox"/> Strong Families, Strong Communities (Youth)				
Registration Date: <input style="width: 100px;" type="text"/>			Cohort Group: <input style="width: 100px;" type="text"/>	
Location: <input type="checkbox"/> Mangum <input type="checkbox"/> Dacoma II <input type="checkbox"/> Other Location: <input style="width: 200px;" type="text"/>				
Participant Basic Demographic Data				
1. Participant's Name: <input style="width: 100px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> First Name Initial Last Name </div>				
Country of Birth: <input style="width: 100px;" type="text"/>	2. Date of Birth: (mm\dd\yyyy format) <input style="width: 100px;" type="text"/>	3. Age: <input style="width: 30px;" type="text"/>	4. Social Security <input style="width: 100px;" type="text"/>	5. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
6. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	6a. Race: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander </div> <div style="width: 33%;"> <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Mexican or Mexican <input type="checkbox"/> Central <input type="checkbox"/> South American <input type="checkbox"/> Unspecified <input type="checkbox"/> Biracial or Multiracial </div> </div>			
7. Address: <input style="width: 250px;" type="text"/> Street <div style="display: flex; justify-content: space-between;"> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> </div> City State Zip Code			8. Home Phone: <input style="width: 100px;" type="text"/>	
			9. Cell Phone: <input style="width: 100px;" type="text"/>	
			10. Email Address: <input style="width: 250px;" type="text"/>	
11. Do you have a child that is or has participated in AVANCE Early Head Start or Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Have you participated in an AVANCE HOUSTON programs before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Which Programs? <input type="checkbox"/> Strong Families, Strong Communities PCEP <input type="checkbox"/> Fatherhood <input type="checkbox"/> Adult Education <input type="checkbox"/> ESL Check here if client agrees to be contacted by text message Check here if client has no phone or email				

Emergency Contact:		
Name <input style="width: 150px;" type="text"/>	Relationship <input style="width: 100px;" type="text"/>	Email <input style="width: 150px;" type="text"/>
Address: <input style="width: 150px;" type="text"/>	Home Phone: <input style="width: 100px;" type="text"/>	Cell Phone <input style="width: 100px;" type="text"/>

Section III: Family Members Demographic Data

Name of Family Member	Relationship to Applicant	Gender	Date of Birth	Primary Language	Early/Head Start
(Head of Household) <div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
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<div></div>	<div></div>	<div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Male</div>	<div></div>	<div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div> <div><input type="checkbox"/> Other <div></div></div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

Family Information

2. Please indicate occupational status of Female living in the household.

☐ N/A

Spouse Name:

A. Employer

- ☐ Full time (34+ hours weekly)
- ☐ Part time
- ☐ Seasonal – Non Agricultural
- ☐ Seasonal – Agricultural
- ☐ Employed and in school
- ☐ Full time Student

B. Highest Grade Level Completed

- ☐ No Degree/Diploma
- ☐ High School/GED
- ☐ Vocational/Tech Certificate
- ☐ College Associate
- ☐ Bachelors
- ☐ Masters

C. In School or Job Training

- ☐ High School or Equivalency
- ☐ Vocational Training
- ☐ College or University
- ☐ Job Training program
- ☐ Job Training program w/o salary
- ☐ Government Job Training

D. Unemployed/Other

- ☐ Unemployed w/work
- ☐ Unemployed w/o work
- ☐ Homemaker
- ☐ Retired
- ☐ Unable to work due to disability

Where did you receive most of your education?

☐ United States

☐ Other:

3. Please indicate occupational status of Male figure living in the household.

☐ N/A

Spouse Name:

A. Employer

- ☐ Full time (34+ hours weekly)
- ☐ Part time
- ☐ Seasonal – Non Agricultural
- ☐ Seasonal – Agricultural
- ☐ Employed and in school
- ☐ Full time Student

B. Highest Grade Level Completed

- ☐ No Degree/Diploma
- ☐ High School/GED
- ☐ Vocational/Tech Certificate
- ☐ College Associate
- ☐ Bachelors
- ☐ Masters

C. In School or Job Training

- ☐ High School or Equivalency
- ☐ Vocational Training
- ☐ College or University
- ☐ Job Training program
- ☐ Job Training program w/o salary
- ☐ Government Job Training

D. Unemployed/Other

- ☐ Unemployed w/work
- ☐ Unemployed w/o work
- ☐ Homemaker
- ☐ Retired
- ☐ Unable to work due to disability

Where did you receive most of your education?

☐ United States

☐ Other:

4. Are you a veteran of the United States Armed Services?

☐ Yes

☐ No

If Yes, what branch?

Section IV: Family Information

During the last 6 months in your current relationship, have you felt scared or threatened?

☐ Yes

☐ No

1. Marital Status:

☐ Single/Never Married

☐ Separated, married but not living together

☐ Married

☐ Committed Relationship

☐ Widowed

☐ Divorced

2. Family Type:

☐ Two Parent Household

☐ Single parent family (father figure only)

☐ Single parent family (mother figure only)

☐ Single parent family (father figure living with partner)

☐ Single parent family (mother figure living with partner)

☐ Single Participant

☐ Extended Family

☐ Grandparents Raising Children

3. Types of Services or financial assistance received (mark all that apply):

☐ No services received

☐ SNAP

☐ Medical financial assistance (i.e. Medicaid/Medicare)

☐ Unemployment insurance

☐ Transportation

☐ Public housing assistance

☐ Trade Act Assistance

☐ Public Assistance/Welfare (i.e. TANF / AFDC)

☐ Energy program assistance

☐ Free/Reduced Lunch

☐ W.I.C

☐ Child Care Assistance

☐ Child support/alimony

☐ Supplemental Security Income (SSI)

☐ Foster care/Adoption subsidy

☐ Individuals With Disabilities

4. Type of Housing:

☐ House

☐ Apartment

☐ Mobile home/trailer

☐ Homeless/no housing

☐ Migrant Housing

☐ Community shelter

☐ Hotel/motel room

5. Housing Payment Arrangement:

☐ Own Housing

☐ Rent Housing

☐ Exchange services for housing

☐ Receive subsidized housing

☐ Make no payment for housing

☐ Other: Specify

6. Length of time at current address:

☐ Less than 6 months

☐ 6 - 12 months

☐ 1 - 2 years

☐ More than 2 years

Family Income

Determine the family's income. Indicate the source by listing the gross earnings in the appropriate section.					
Weekly →X 52		Bi-Weekly (every 2 weeks) →X 26		Semi-Monthly (twice a month) →X 24	
Monthly → X 12					
Source	Gross Earnings		X (see schedule above)	Annual Subtotal	
Participant Income					
Spousal/Partner income					
Other:					
Total:					

Indicate the type of income your family receives by placing a check in the box next to the appropriate item.0			
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Public Assistance <input type="checkbox"/> SSI <input type="checkbox"/> TANF
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Pension
<input type="checkbox"/>	Unemployment Benefits	<input type="checkbox"/>	Child Support /Alimony
<input type="checkbox"/>	VA Benefits	<input type="checkbox"/>	Self-Employed
<input type="checkbox"/>	No income (Supported by Family)	<input type="checkbox"/>	

AGREEMENT TO PARTICIPATE

I understand that I am volunteering to participate in the AVANCE Programs and can withdraw at any time. I also understand that all information will be kept confidential and will only be used without identifying me personally.

PARTICIPANT SIGNATURE

Date:

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Any opinions, –findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of The United States Department of Health and Human Services, Administration for Children and Families