

Name (please print): _____ Date: _____

1. Date of Birth: ____/____/____ Gender (check one): Male Female Other

2. Phone Number: Home: (____) _____-_____ Cell: (____) _____-_____

3. Email: _____ Preferred Method of Contact? Home Ph. Cell Ph.

4. Last 4 Digits of S.S.N. _____

5. Marital Status: Single Cohabiting / Common Law Married Divorced Widowed

6. What is your current housing situation?

Homeless; not in a shelter Emergency Shelter Subsidized Housing Transitional Housing

Staying with Family or Friends Rental Housing, not subsidized Own Home

List all household members:

Name	Birthday M/D/Y	Sex M/F	Race	Relationship

7. Street Address: _____ Apartment/Suite: _____

8. City: _____ State: _____ Zip Code: _____

9. Primary Race/Ethnicity (check one): Black White Hispanic Other: _____

10. Are you enrolled in any educational programs? NO YES (If yes, describe below)

11. What is your highest level of education attained?

None Less than high school HS Graduate GED Some College Technical Training

2 Year Degree 4 Year Degree Some Graduate School Graduate Degree

How many hours per week (over average) were you employed in paid work during the past 90 days?

0 1-10hrs/wk 11-20 hrs/wk 21-30 hrs/wk 31-40 hrs/wk 40+ hrs/wk

12. Household employment income amount in the past 30 days?

0 1-500 501-1,000 1,001-1,500 1,501-2,000 2,001-3,000 3,000+

13. Indicate types of assistance currently receiving (check all that apply):

TANF/TCA Food Stamps Energy Assistance Housing Assistance Other: _____

14. Are you a victim or survivor of domestic violence? YES NO

15. Do you have long term or permanent disability? YES NO

16. Do you have a working vehicle? YES NO

17. Are you on a bus route? YES NO

18. How would you rate the overall level of instability/chaos in your life at the present moment?

Extreme Instability Moderate Instability Minimal Instability Stable

19. Which of these goal areas would you like to make improvements in? *Choose top three* (check box)

Goals	First Choice	Second Choice	Third Choice
Housing			
Employment			
Budget/Paying Bills			
Education			
Health			
Family/Relationships			
Transportation			
Parenting Skills			
Other/			

20. Please describe, in your own words, what you hope to get out of the Getting Ahead program?

The University of Alabama at Birmingham

I certify that the following are true (check)

___ I am willing to work with others to become self-sufficient; i.e., independent of public assistance.

___ I am willing to participate in an interview with RIFE staff. It is my responsibility to arrange child care during the interview (approximately 30 minutes).

___ I am willing to participate in an 8-week training course. (Approximately 2.5 hours, two afternoons per week, lunch provide.)

This is an application for the Getting Ahead training. It does not guarantee you will be accepted. Thank you for your interest and for taking the time to complete this application.

Please return application by mail, fax, or email to:

Regions Institute for Financial Education
710 13th St S, Suite 153
Birmingham, AL 35233
rife@uab.edu
(205) 996-0884

For Office Use Only:

Date Received: _____

Interview Scheduled For: _____