

women in transition
PROGRAM APPLICATION

CASEWORKERS: Your referral must include a copy of the Consent for Release of Information, a completed application, coordinated assessment date (if applicable), and a summary of your client's presenting issues (including health, mental health, substance abuse, and criminal history), strengths, areas of concern, employer, and salary or source of income and amount, *on your agency's letterhead*. Please e-mail completed referrals to witreferral@ywcacentralcarolinas.org or fax to 704-521-9684.

| | | | | |
|--|--------------------------------|--|------------------------|---------------------|
| FULL NAME (FIRST, MIDDLE INITIAL, LAST) | | | TODAY'S DATE | |
| NAME YOU PREFER | | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER | | |
| CURRENT ADDRESS | | CITY/STATE/ZIP | | |
| COUNTY NAME | | HOW LONG AT THIS ADDRESS? | | |
| SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) | DATE OF BIRTH (MM / DD / YYYY) | | AGE | |
| CELL / HOME PHONE | | BEST TIME TO REACH YOU | | |
| OTHER PHONE | | BEST PHONE # TO LEAVE A MESSAGE | | |
| E-MAIL ADDRESS | | | | |
| DRIVER'S LICENSE OR ID NUMBER | | | ISSUING STATE | |
| ETHNICITY (OPTIONAL) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NON-HISPANIC/NON-LATINO | | | | |
| RACE (OPTIONAL) <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER (PLEASE STATE) | | | | |
| NEXT OF KIN | | RELATIONSHIP | | |
| ADDRESS | | CITY/STATE/ZIP | | |
| CELL/HOME PHONE | | WORK PHONE | | |
| EMERGENCY CONTACT NAME | | SAME AS NEXT OF KIN | PHONE | |
| CAR MAKE (EXAMPLE: HONDA) | | | MODEL (EXAMPLE: CIVIC) | |
| COLOR | YEAR | TAG # | STATE | EXP. DATE (MO / YR) |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

(ANSWERING 'YES' DOES NOT DISQUALIFY YOU FROM ENTERING THE WIT PROGRAM)

HAVE YOU EVER SERVED IN THE MILITARY?

YES NO

ARE YOU A VETERAN?

YES NO

TYPE OF DISCHARGE

HIGHEST LEVEL OF EDUCATION ATTAINED

NURSERY – 4TH GRADE

10TH GRADE

GED

UNDERGRADUATE

5TH – 6TH GRADE

11TH GRADE

SOME COLLEGE

GRADUATE DEGREE

7TH – 8TH GRADE

12TH GRADE, NO DIPLOMA

TECHNICAL SCHOOL

POST-SECONDARY

9TH GRADE

HIGH SCHOOL DIPLOMA

ASSOCIATE DEGREE / 2 YR.

POST GRADUATE

ARE YOU CURRENTLY ENROLLED IN SCHOOL?

YES NO

IF YES, WHERE?

EMPLOYMENT STATUS

FULL TIME, NOT LOOKING FOR ADDITIONAL HOURS

PART TIME, NOT LOOKING FOR ADDITIONAL HOURS

FULL TIME, LOOKING FOR ADDITIONAL HOURS

PART TIME, LOOKING FOR ADDITIONAL HOURS

DISABLED, RECEIVING DISABILITY SERVICES

EMPLOYED SEASONALLY/INTERMITTENTLY

DISABLED, NOT RECEIVING DISABILITY SERVICES

OTHER - PARTICIPATING IN UNPAID JOB EXPERIENCE

RETIRED

UNEMPLOYED

PLEASE INDICATE HOW MUCH YOU RECEIVE MONTHLY.

EMPLOYMENT \$ _____

ALIMONY OR SPOUSAL SUPPORT \$ _____

SOCIAL SECURITY – RETIREMENT \$ _____

CHILD SUPPORT \$ _____

PENSION FROM A FORMER JOB \$ _____

WORKER'S COMP \$ _____

SSDI \$ _____

PRIVATE DISABILITY \$ _____

SSI \$ _____

VETERAN'S DISABILITY \$ _____

UNEMPLOYMENT \$ _____

OTHER _____ \$ _____

HAVE YOU RECEIVED ASSISTANCE FROM ANY OF THESE SOURCES IN THE PAST 30 DAYS?

FOOD STAMPS \$ _____

SECTION 8 PUBLIC HOUSING OR RENTAL \$ _____

MEDICAID \$ _____

TEMPORARY RENTAL ASSISTANCE \$ _____

MEDICARE \$ _____

OTHER _____ \$ _____

VA MEDICAL \$ _____

ESTIMATED MONTHLY EXPENSES

FOOD \$ _____

PRESCRIPTIONS \$ _____

CELL PHONE \$ _____

LOANS \$ _____

PERSONAL CARE \$ _____

MEALS OUT \$ _____

CIGARETTES \$ _____

ENTERTAINMENT \$ _____

BUS FARE \$ _____

TITHING \$ _____

GAS \$ _____

LIFE INSURANCE \$ _____

CAR PAYMENT \$ _____

HEALTH INSURANCE \$ _____

CAR INSURANCE \$ _____

CHILD SUPPORT \$ _____

STORAGE \$ _____

TOTAL ESTIMATED MONTHLY EXPENSES \$ _____

HOW DID YOU HEAR ABOUT THE WOMEN IN TRANSITION PROGRAM?