eliminating racism
empowering women
ywca
central carolinas

women in transition

PROGRAM APPLICATION

CASEWORKERS: Your referral must include a copy of the signed Consent for Release of Information, a completed application, documentation of income (3 most recent paystubs or fixed income award letter) 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 ☐ MALE ☐ FEMALE ☐ 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)*

☐ HISPANIC/LATINO ☐ NON-HISPANIC/NON-LATINO

RACE *(OPTIONAL)*

☐ AMERICAN INDIAN/ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN-AMERICAN ☐ WHITE
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ 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?	ARE YOU A VETERAN?	TYPE OF DISCHARGE
☐ YES ☐ NO	☐ YES ☐ NO	

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?	IF YES, WHERE?
☐ YES ☐ NO	

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	$_____	☐ INSURANCE (LIFE, HEALTH, ETC)	$_____
☐ CAR PAYMENT	$_____	☐ CHILD SUPPORT	$_____
☐ CAR INSURANCE	$_____	**TOTAL ESTIMATED MONTHLY EXPENSES**	**$**_____
☐ STORAGE	$_____		

HOW DID YOU HEAR ABOUT THE WOMEN IN TRANSITION PROGRAM?

_____

APPLICANT SIGNATURE _____