

GETTING AHEAD CLASS PARTICIPANT APPLICATION
A PROGRAM OF COOPERATIVE CHRISTIAN MINISTRIES & CLINIC

Getting Ahead classes help people move from financial and personal instability to a more hopeful future by examining 11 resources and developing a plan to successfully move forward. There are 14 weekly classes that last for 2 1/2 hours, once a week. Classes are held at various times of year in several locations. Once this application is received, you will be contacted by CCMC's Getting Ahead Coordinator to assign you to a specific class. You are required to attend all classes in order to graduate. Meals and a gift card are provided at the conclusion of each class. For more information, contact Julie Hart, jmhart@ccmchs.org or call 501-318-1153 x303.

Full Name _____ Date _____

Address _____

City, State Zip _____

Phone (cell) (_____) _____ Birth Date _____

Email _____

Gender: ☐ Female ☐ Male

REFERRAL

I was referred to Getting Ahead Hot Springs by: _____

EMPLOYMENT

Place of employment: _____

EDUCATION

Highest grade completed: ☐ 1-6 ☐ 7-8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

☐ GED ☐ Associate ☐ Bachelor ☐ Masters

Currently enrolled in (Education Program) _____

Please check all sources of income: ☐ Wages ☐ SSI ☐ Unemployment ☐ Child support

GETTING AHEAD INITIAL ASSESSMENT

Please answer

- | | | | |
|--|--------------------------------|--|------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a checking account | <input type="checkbox"/> Yes <input type="checkbox"/> No | I currently have a job |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a savings account | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have stable housing |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I have reliable transportation | | |

Please rank your level of hope (1=lowest to 10=highest) 1 2 3 4 5 6 7 8 9 10

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

- ☐ Head Start
- ☐ Food Stamps/SNAP
- ☐ Free/Reduced School Lunches, WIC
- ☐ Academic Financial Aid
- ☐ Adult Education (GED)
- ☐ Other _____

Place a check next to the areas where you are experiencing difficulties:

- ☐ Employment
- ☐ Isolation
- ☐ Transportation
- ☐ Housing
- ☐ Training/Education
- ☐ Alcohol/Drugs
- ☐ Budget
- ☐ Child care costs
- ☐ Legal
- ☐ Health care costs
- ☐ Parenting
- ☐ Mental health

I certify that the following are true (check):

- ☐ I am not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crisis has been stabilized.
- ☐ I give permission for the CCMC staff to talk to my referring source about my life situation, strengths, and barriers.
- ☐ I am willing to participate in a 14-16 week training course. (Approximately 2.5 hours, one evening per week)

By signing, you are giving CCMC permission to use class work, photos and videos that are taken during this program. You further understand that a background check may be taken for informational purposes, but will not solely disqualify you for participation.

Signature _____ Date _____

This is an application for the Getting Ahead classes. It does not guarantee you will be accepted. Thank you for your interest and for taking the time to complete this application. Please return the application by mail, fax, or email to:

Getting Ahead
133 Arbor Street
Hot Springs, AR 71901
Phone: 501-318-1153 x303
Fax: 501.623.4556
jmhart@ccmchs.org

Office use only:

Date received: _____

Interview scheduled for: _____