

<i>Application Date:</i> ___/___/___	<i>Evaluator's Initials:</i> _____
<input type="checkbox"/> <i>Application Approved</i>	<i>Receiving Food Benefits?</i> <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> <i>Not Approved</i>	
<i>DSS Y</i> <input type="checkbox"/> <input type="checkbox"/> <i>N</i>	<input type="checkbox"/> <i>DOC</i> <input type="checkbox"/> <i>Work Release</i> <i>Release Date</i> ___/___/___

Hunger Action Network Culinary Job Training Program Application

Full Legal Name: _____

Last Name
First Name
Middle Name

Other names(s) if any: _____ Social Security No: _____ - _____ - _____

Gender: Female Male

Email: _____ Phone/ Message #: _____

Are you a United States citizen? Yes No
 If **NO**, are you legally entitled to work in the United States? Yes No

Race/Ethnicity: *Check all which apply.*

- | | |
|---|--|
| <input type="checkbox"/> Native American (Native Alaskan, etc.)
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> African (Ethiopian, Nigerian, Kenyan, etc.)
<input type="checkbox"/> Hawaiian Native or Pacific Islander
<input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian
<input type="checkbox"/> East Indian
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Mediterranean
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other: _____ |
|---|--|

Veteran Status:

- No, I am not a veteran Yes, I am a veteran
- Vietnam era (2/28/61 – 5/7/75)
 Other (active dates: ___/___/___ - ___/___/___)

start date
end date

Honorable discharge? Yes No

Disability Status:

Do you have a disability that substantially limits major life activities (ADA Definition)? Yes No
(Examples: Mental Illness, Physical Disability, Substance Abuse, Developmental/Learning Disability)

Case Manager Notes:

Housing Status

1. Where do you live right now?

- Street
 Shelter (specify: _____)
 Transitional housing (specify: _____)
 My own home/apartment
 Friend's place
 Relative's place
 Other (specify: _____)

Street Address: _____ Phone(1): _____-_____-_____

Apt. (or P.O. Box): _____ Phone(2): _____-_____-_____

City: _____ State: _____ Zip: _____

Is this your (check all which apply):

- current address?
 mailing address?

2. How long will you be able to stay there? #days _____ #weeks _____ #months _____ #years _____

3. Are you currently homeless (no permanent place to live)? Yes No

If **YES**: For how long? _____ (in months)

How many times have you been homeless in the past 3 years (including now)? _____

How many times have you been homeless during your lifetime (including now)? _____

How did you become homeless? _____

5. What was your last permanent address? from ___/___/___ to ___/___/___?

(start date) (end date)

Street Address: _____ Phone: _____-_____-_____

City: _____ State: _____ Zip: _____ Country: _____

Reason for moving: _____

Family/Children

1. Do you have children under 18 years of age? Yes No

If yes, are they in your custody? Yes No

3. How many people (including yourself) are in your family unit and living together? _____

4. Are you currently paying child support? Yes No

Financial and Supportive Resources

Income Sources/Resources: Are you currently applying for, ever received or are you currently receiving the following benefits:

Supplemental Security Income (SSI):	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Social Security Disability (SSDI):	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Social Security :	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Safety Net Program:	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
WIC Assistance:	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Temporary Aid to Needy Families (TANF)	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Child Support	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Veteran's Benefits	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Employment Income	<input type="checkbox"/> Currently Receiving	Amount \$_____/Month	
Unemployment Benefits	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Veteran's Health Care	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Medicare	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Medicaid	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Food Stamps	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
Healthy New York	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Previously Received: Year_____	<input type="checkbox"/> Applying
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify:_____)			
<input type="checkbox"/> No Financial Resources			

Case Manager Notes

Health

1. Have you ever had a problem with drugs or alcohol? Yes No
What types? _____

2. Have you ever been in a treatment program for drugs/alcohol? Yes No
Where? _____ Complete the program? Yes No
When? _____

3. Are you currently using any substances? Yes No
If not, **how long sober/clean?** (months) _____

4. Do you struggle with depression? Yes No
Do you struggle with anger? Yes No

Explain _____

5. Have you ever been diagnosed with depression or mental illness? Yes No
If yes, explain: _____

6. Have you ever been treated for mental health issues/concerns? Yes No
Where? _____ Was it effective? Yes No
When? _____

7. Are you currently, or have you previously, taken medication for depression or mental illness?
 Yes No
♦ Medication/Dosage/Frequency: _____
♦ Prescribed by: _____

8. Are you currently taking any other prescribed medications? Yes No
♦ Medication/Dosage/Frequency: _____
♦ Prescribed by: _____

9. List any other significant past and present medical conditions/disabilities that influence your participation in the Hunger Action Network Job Training Program: _____

Case Manager Notes

Education

1. Did you graduate from high school (grade 12)? Yes No
If **NO**, did you earn your GED? Yes No
2. If you did not receive a GED, the highest grade you completed? _____
3. Do you have additional education or training? Yes No
If **YES**, what degrees or certifications have you earned? *Check all which apply on the next page...*

Degrees:

- Some college; did not graduate (completed ____ years)
 A.A. or equivalent
 B.A., B.S. Or Above
4. Do you have a history of difficulty in school, or a diagnosed learning disability?
 Yes No
If **YES**, please explain: _____

Legal History

1. Do you have any warrants, upcoming court dates or legal problems? Yes No
Explain: _____
2. Have you ever been convicted of a **misdemeanor**? Yes No
Explain why and when: _____
3. Have you ever been convicted of a **felony**? Yes No
Explain why and when: _____
5. Are you on Probation, Parole or Work Release?
If **YES**, name of CCO: _____ Phone Number: _____
(include area code)

Case Manager Notes

Work Experience

Have you been employed in the food service industry?

Yes

No

If **YES**, please explain:

Have you worked in the past 12 months? Yes

No

If yes,

Place of Employment: _____

How long were you employed there? _____

Hours/ week? _____

Wage: \$ _____/hour

Student Hours

Once enrolled, your training schedule may vary based on what phase you are in. The schedule for the entire 15 weeks is as follows:

Phase 1 (wks 1-5) Monday through Friday between 7:00 am and 3:00 pm.

Phase 2 (wks 6-10) Monday through Friday between 7:00 am and 3:00 pm.

Phase 3 (wks 11-15) Monday through Friday between 7:00 am and 3:00 pm.

Please list any reasons why it may be difficult for you to maintain this schedule:

How did you find out about Hunger Action Network (HAN)?

Check *all* which apply:

- HAN student or graduate
- HAn staff (recruiter)
- Walked by the Facility
- Department of Social Services
- Brochure or card
- Radio or television
- Caseworker
- DOC Referral (Name of Counselor: _____ Phone Number: ____-____-____)
- Other (please explain: _____)

Have you ever applied to HAN before? Yes No If yes, what year? _____

Are you willing to sign a **Release of Information Form** for HAN to work with your doctor, counselor, parole/probation officer and/or other service providers? Yes No

Listed below are some of the Hunger Action Network Culinary Job Training Program Requirements:
(Please initial after each requirement)

- I understand that **daily attendance** is required. _____
- I understand that I must be **on time and prepared to stay the entire day**. _____
- I understand that **100% participation** is expected. _____
- I understand that I must be willing to **accept instruction** from my instructors and supervisors and **complete the work that is assigned to me with a positive attitude**. _____
- I understand that I must have a **willingness to confront my personal challenges and/or barriers to successful employment and self sufficiency**. _____
- I understand that I must be **clean and sober**. _____
- I understand that I may **not use HAN as an address** for any purpose (mail, packages, deliveries, etc.)

- I understand that I will be provided with a place to store my belongings while I am enrolled in the HHFP program. _____
- I understand that **HAN is not responsible for damage, loss or theft** of any of my personal property. _____
- I understand that **HAN is an employment training program**. By participating, I'm committed to gaining employability skills and to actively participate in job search. _____

I certify that the information provided is true to the best of my knowledge. I am also aware than the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of government funds.

Intentional false statements may result in termination from Hunger Action Network.

Applicant's Signature: _____ Date: ____/____/____

Service Provider's Signature: _____ Date: ____/____/____