



The Women's Leadership Council (WLC) of United Way of Central Ohio is pleased to announce the E³ program: Educate, Empower, Elevate. This program will help low-to moderate-income working women in Central Ohio reach a new level of financial stability for themselves and their families. The WLC is a volunteer-driven group of 300+ dedicated women who have built E³ from the ground up to help women meet basic needs, while collaborating with Consumer Credit Counseling Service, Godman Guild Association and New Directions Career Center to provide a comprehensive program that will prepare women for their next educational and employment endeavors.

To be considered for the E³ program, applicants must meet the following requirements:

- Have a high school diploma or GED
- Have 9th grade reading and math skills
- Have work experience and current employment or another means of financial support
- Be motivated to pursue higher education and take your career to the next level

The E³ program begins _____ and will continue for 6-36 months depending on the path you choose and the assistance you need. The first phase of the program will consist of preparation course designed to prepare women to pursue post-secondary education classes or training that leads to a livable wage job. It will include instruction on:

- Personal Enrichment
- Financial Literacy
- Educational Readiness
- College Preparatory Math and English
- Career Development

After completing the preparation course, women will have opportunities for financial counseling, as well as mentoring and networking with other women in the community. There will be regular support groups with your E³ cohort, and on-going career counseling or case management when needed. Participants will also receive assistance locating community resources that can lower expenses, and can receive child care and transportation assistance, if needed.

To begin your application process, please complete the enclosed paper work so that we may learn a bit more about you, your situation, and how you hope the E³ program will help. Your answers to the following questions are treated confidentially and will help us assess (with you) the potential this program has to meet your needs, and the capacity you have to participate fully. Any issues of concern to our program instructors will be discussed with you, either over the telephone or during an orientation interview. Please provide responses as completely as you are willing. A decision not to reply will not affect your application; however we ask that you mark "no reply".

As part of the application process, you will also be asked to complete a one-on-one orientation with a program instructor. After completing this orientation you may be asked to complete academic placement testing, and attend a selection interview with program instructors and WLC members. Announcements regarding acceptance into E³ will be made following the panel interviews.

We thank you for your interest in E³, and look forward to working with you in the future!

E³ is sponsored by the Women's Leadership Council of the United Way of Central Ohio.

E³ Partners
Apprisen | Godman Guild Association | New Directions Career Center



E³ PROGRAM APPLICATION

DEMOGRAPHIC INFORMATION			
Last 4-Digits of SSN:	Today's date:		
First name:	Last name:	Middle name:	
Street Address:			
City:	State:	Zip:	County:
Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:		
Alt. phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:		
Email address:			<input type="checkbox"/> I do not have an email address
Emergency contact name and relationship to you:			
Emergency contact phone number(s):			
Date of birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Country of Birth:	
Are you an Immigrant of Refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, do you have a Work Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not have a Work Visa, do you have another type of Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please indicate the type: <input type="checkbox"/> Immigrant <input type="checkbox"/> Student <input type="checkbox"/> Travel <input type="checkbox"/> None <input type="checkbox"/> Other			
What is your primary language?			
<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> French	
<input type="checkbox"/> Somali	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:	
Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Racial/ethnic background? Please check one and fill in the blank provided when appropriate.			
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Multiple	
<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Other:	
Employment status? Please check one and fill in the blank provided when appropriate.			
<input type="checkbox"/> Employed – full time	<input type="checkbox"/> Seasonal		
<input type="checkbox"/> Employed – part time	<input type="checkbox"/> Self employed		
<input type="checkbox"/> Not employed	<input type="checkbox"/> Temporary		
<input type="checkbox"/> Retired	<input type="checkbox"/> Other:		

DEMOGRAPHIC INFORMATION

Household status?

- | | |
|---|---|
| <input type="checkbox"/> One income, no dependents | <input type="checkbox"/> Two incomes, two or more dependents |
| <input type="checkbox"/> One income, one dependent | <input type="checkbox"/> Three (or more) incomes, no dependents |
| <input type="checkbox"/> One income, two or more dependents | <input type="checkbox"/> Three (or more) incomes, one dependent |
| <input type="checkbox"/> Two incomes, no dependent | <input type="checkbox"/> Three (or more) incomes, two or more dependents |
| <input type="checkbox"/> Two incomes, one dependent | |

Household Income?

- | | |
|--|--|
| <input type="checkbox"/> below \$4,999 | <input type="checkbox"/> \$40,000-\$59,999 |
| <input type="checkbox"/> \$5,000-\$9,999 | <input type="checkbox"/> \$60,000-\$79,999 |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$80,000 or more |
| <input type="checkbox"/> \$20,000-\$39,999 | |

Highest level of education completed?

- | | |
|--|--|
| <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> PhD |
| <input type="checkbox"/> GED | <input type="checkbox"/> Other post graduate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational Certification: (type?) |
| <input type="checkbox"/> Associate degree | |

Are you a Veteran? Yes No

Are you registered to Vote? Yes No

How did you hear about this program? *Please check one. Fill in the blank when provided.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Friend/family | <input type="checkbox"/> School | <input type="checkbox"/> Job fair |
| <input type="checkbox"/> Another client/customer | <input type="checkbox"/> Radio | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Brochure/flyer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website/internet search |
| <input type="checkbox"/> Weinland Park Newsletter | <input type="checkbox"/> Phone book | <input type="checkbox"/> Probation/parole officer |
| <input type="checkbox"/> Neighborhood Engagement | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Previously a client/customer |
| <input type="checkbox"/> Community outreach | <input type="checkbox"/> HandsOn Central Ohio (2-1-1) | <input type="checkbox"/> Agency referral—which agency referred you to us? |

Do you live in CPO Housing? Yes No

Do you live in Weinland Park? Yes No

Do you live in Milo Grogan? Yes No

PROGRAM INTERESTS

Please answer the follow questions with at least 3-4 sentences.

Why are you interested in this program? _____

What do you hope to get out of this program? _____

Where do you see yourself in three years? _____

STAFF NOTES ON INTEREST:

Last name:

First name:

Today's date:

EMPLOYMENT INFORMATION

Do you have a resume? Yes No

If yes, can you provide a copy? Yes No

Are you currently employed? Yes No

If NO, are you unemployed by choice? Yes No

If Unemployed, were you previously dependent upon a family member's income and must now find a job?

Yes No N/A

If Unemployed, were you terminated or laid off after working 3 out of the last 12 months and not eligible for unemployment?

Yes No N/A

If Unemployed, were you a seasonal worker for 30 out of the last 52 weeks that was terminated or laid off?

Yes No N/A

Briefly describe your employment history over the past 10 years: _____

Please complete ANY/ALL of the following employment sections that apply to you.

IF YOU ARE EMPLOYED, please provide the following information about your current employment:

Name of employer:	Job Title:
Number of hours per week:	Current Wage:
Amount of time in this position:	
This job matches my education and skill sets, and it pays enough to support my household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

IF UNEMPLOYED OR UNDEREMPLOYED, please provide the following information:

What have you been focusing on while unemployed? Please check all that apply.	
<input type="checkbox"/> 4 or 2 year degree	<input type="checkbox"/> Job search <input type="checkbox"/> Other:
<input type="checkbox"/> GED program/test	<input type="checkbox"/> Family/household
<input type="checkbox"/> Vocational/technical training	<input type="checkbox"/> Caregiver for family/friend
Job title of last position held:	Reason for leaving last position:
Amount of time since last position:	Are you actively seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

IF YOU ARE ACTIVELY SEEKING WORK, please provide the following information:

Type of work you seek:	Desired Wage (Range):
Desired benefits:	Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours per week:	Are you willing to relocate for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
How far are you willing to travel for work?	
<input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> 30-45 minutes <input type="checkbox"/> 45+ minutes <input type="checkbox"/> Less than 5 miles <input type="checkbox"/> 5-10 miles <input type="checkbox"/> 10-15 miles <input type="checkbox"/> 15+ miles	

WORK HISTORY

I have limited or no work experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have poor work experience.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Most or all of my jobs lasted less than 1 (one) year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have been fired from a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have walked off a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
My supervisor would say I had good attendance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

WORK READINESS

I know how to dress for and have clothes necessary for the type of work I am seeking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have appropriate interview clothing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I know what type of education level, knowledge and skills are needed for the work I am seeking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If not, I know where to obtain the education, knowledge and skills needed for the work I want.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I know what legal documentation I need to prove I am eligible to work in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have copies of the legal documentation I need to prove I am eligible to work in the U.S.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have the skills/knowledge for the work I am seeking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have realistic expectations about what work I can do & how long it takes to find work.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a working phone number.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a business-like message on my answering machine/voicemail.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Persons at my home know how to take a message for me.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I can completely fill out a paper job application on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I can completely fill out an on-line/electronic job application on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have an up-to-date resume, cover letter and references	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EMPLOYMENT INFORMATION

I have received interviews based on my applications and resume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
I have good job interview skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I know how to look for a job in a newspaper and on-line.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have an appropriate, business-like email address.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have told everyone I know, including my references, that I am looking for a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I know how to give the proper notice when leaving a job.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In the next 2 months, I have appointments scheduled (e.g. Doctor, welfare, court) during business hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I know how to use email, create and save documents, and attach documents to emails.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

MY THREE GREATEST STRENGTHS ARE:

1.

2.

3.

STAFF NOTES ON EMPLOYMENT INFORMATION:

EDUCATION INFORMATION

Are you currently in school:
 Yes No

Have you ever been asked to leave a school? Yes No If yes, why? _____

Do you have a diagnosed learning disability?
 Yes No

Can you read and write in English?
 Yes No

Can you provide a copy of your high school diploma or GED? Yes No

IF YOU ARE CURRENTLY ENROLLED IN EDUCATION BEYOND HIGH SCHOOL

Please provide the following information about your current training program:

Name of institution/school:
Program of study:
Type: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Post-Grad Degree <input type="checkbox"/> Certification <input type="checkbox"/> Certificate of Completion
Type of work you plan to pursue with this education:
Number of classes and/or credit hours completed:
Date you started this program:

IF PREVIOUSLY COMPLETED COLLEGE COURSEWORK, however are not currently in school at this time -

Please provide the following information about your previous college program:

Name of school:
Program of study:
Occupation you planned to obtain with this education:
Number of classes and/or credit hours completed:
Dates attended: Start? _____ End? _____
If you withdrew from school before completing your program of study, what was your reason for leaving?

IV. EDUCATION INFORMATION Continued...

EDUCATIONAL GOALS

Please tell us what type of education you wish to pursue. Check all that apply.

<input type="checkbox"/> Earn a 2-yr college degree	<input type="checkbox"/> Go to college – length of time unknown
<input type="checkbox"/> Earn a 4-yr college degree	<input type="checkbox"/> Pass OGT
<input type="checkbox"/> Earn vocational credential	<input type="checkbox"/> Obtain GED
<input type="checkbox"/> Enter apprenticeship program	<input type="checkbox"/> I do not wish to pursue more education at this time
<input type="checkbox"/> Undecided	

STAFF NOTES ON EDUCATION:

VI. FINANCIAL INFORMATION

Please tell us how you are supporting your household at this time.

	YOURS	OTHER HOUSEHOLD MEMBERS
1. INCOME		
Employment		
Self-Employment		
Commission		
2. COURT AWARDED SUPPORT		
Spousal Support (cash to you)		
Child Support		
3. DIVIDENDS/INTEREST FROM INVESTMENTS		
4. ENTITLEMENT PROGRAMS		
Workers Compensation		
Unemployment Compensation		
Social Security/Pension		
Veterans Administration Pension Benefits		
Private Pension/Retirement Benefits		
Social Security Disability		
5. PUBLIC ASSISTANCE		
Temporary Assistance to Needy Families/ OWF		
General Relief		
Food Stamps		
Refugee Funds		
Supplemental SSI		
6. OTHER FINANCIAL SUPPORT		
7. AMOUNT OF SAVINGS		
TOTAL MONTHLY RESOURCES	\$	\$
TOTAL YEARLY RESOURCES	\$	\$

VII. FINANCIAL INFORMATION continued...

FINANCIAL STABILITY

I have 12 months or more before my welfare cash assistance terminates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a bank account.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have received a copy of my credit report in the last year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have bad credit.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have debt problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a difficult time managing my money.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have received grants or scholarships to attend college before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have taken out student loans to pay for college before. \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Amount for Student Loans \$ _____	
I am able to make my monthly student loan payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have loans in deferment (payments postponed under certain conditions).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have student loans in default (more than 270 days past due).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a payment plan set up to repay my loans currently in default.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

STAFF NOTES ON FINANCES:**VIII. HEALTH AND WELLNESS INFORMATION**

I have enough food to eat.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have health insurance for myself.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have health insurance for my children/dependants.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a reliable, trustworthy child care provider and a back-up in case of emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a child with behavioral problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
An adult household member is sick and may prevent me from reaching my educational and/or employment goals at this time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A child in the household is sick and may prevent me from reaching my educational and/or employment goals at this time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have reliable, trustworthy care for my disabled family member for whom I am responsible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have reliable, trustworthy care for my elderly family member for whom I am responsible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I am in an abusive relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I need medical accommodations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I may need glasses.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I am pregnant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I take medications that make it difficult to focus and/or stay awake.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have allergies that, when triggered, require immediate medical care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a drug or alcohol problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a history of drug or alcohol problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
There is a history of drug or alcohol problems in my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I can pass a drug test.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have been in counseling before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have experienced depression or anxiety in the past 2 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a history of mental health problems.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
There is a history of mental health problems in my family.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have had suicidal thoughts and/or attempted suicide before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have had suicidal thoughts in the last six months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I am currently in counseling.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a support system I am satisfied with.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

STAFF NOTES ON HEALTH AND WELLNESS:

IX. LEGAL INFORMATION

I have a felony criminal record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have a non-felony criminal record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I report to a probation officer. When: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have one or more warrants. Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have other outstanding legal issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

STAFF NOTES ON LEGAL INFO:

X. PEOPLE AND PERSONAL SKILLS

I work well with others.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I follow directions well.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I accept responsibilities for my actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I can get along with just about anyone.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty adjusting to change.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty doing things on time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty making decisions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty staying focused.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty getting out of bed in the morning.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have difficulty controlling my temper.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have an anger problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I have avoided people, places and/or situations because of worry or fear.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
I become overwhelmed or stressed-out easily.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

STAFF NOTES ON PEOPLE AND PERSONAL SKILLS:

XI. OTHER RESPONSIBILITIES AND COMMITMENTS

Please list any dates, days of the week and/or times you would definitely be UNABLE to attend a program. (eg: work schedule, school schedule, court dates, Dr. appts., etc.)

Applicant Signature

Date

Staff Use Only – Circle applicable items: appearance, basic literacy, TABE, communication skills, depression, dislocated worker, displaced homemaker, illegal immigrant, LD, limited English, MH, SA, under-employed