

YouthBuild Participants Application

Referral Source: _____

Date: _____

DEMOGRAPHICS

Full Name:		
Physical Address:		City:
State:	ZIP:	DOB:
Phone #:	Alternate #:	Gender:
Social Security #:		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Best way to communicate with you: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email: _____		
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native/Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other: _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Cohabiting		
Do you use any of the following sites? <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram Other: _____		
How did you hear about the Program?		
OFFICE USE: ID, birth certificate, and SS Card are attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

Are you currently enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, school name:
Grade:	If no, highest grade completed:
Are you/were you enrolled at Bayou Cane Education? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, Start Date: _____ End Date: _____	
Have you ever taken a TABE test? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, list test taken, date, and score:	
Do you have a high school diploma or GED? <input type="checkbox"/> Diploma <input type="checkbox"/> GED; Year Obtained:	
Have you ever attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, name of college:	

Course of Study:	Dates Attended:
While in school, did you receive any accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, what type?	
OFFICE USE: Educational Documents attached <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY, LIVING, OTHER

What is your current living situation? <input type="checkbox"/> Living with family <input type="checkbox"/> Own/rent apartment, room, or house <input type="checkbox"/> Homeless <input type="checkbox"/> Staying at someone's apartment, room, or house (Stable) <input type="checkbox"/> Staying with foster guardian/in foster system <input type="checkbox"/> Residential treatment <input type="checkbox"/> Staying at someone's apartment, room, or house (Unstable) <input type="checkbox"/> Halfway/Transitional house	
Income Verification	
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, how many?	Do your children live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have any other dependents living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, how many?	
Do you pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, how much do you pay monthly? \$ _____	
Are you currently receiving any of the following? SNAP (Food Stamps) \$ _____/month; TANF \$ _____/month SSI \$ _____/month; SSD \$ _____/month; Unemployment Insurance \$ _____/month <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> No health insurance <input type="checkbox"/> Other Public Assistance: Type _____ Amount \$ _____/month	
Source of Income:	
OFFICE USE: Income Verifying Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Information	
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the crime and include dates, jurisdiction (place, city, state) and status of the case:	
Are you on probation or parole? <input type="checkbox"/> Yes (<input type="checkbox"/> Probation or <input type="checkbox"/> Parole) <input type="checkbox"/> No	
If yes, beginning and end date:	Do you have pending Litigations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and phone number of probation officer: <input type="checkbox"/> N/A	

OFFICE ONLY: Court Records/Documentation ☐ Yes ☐ No

Health and Wellness

Any health problems? ☐ Yes ☐ No; If yes, describe:

Do you drink alcohol? ☐ Yes ☐ No; If yes, how often? _____ How much? _____

Do you use drugs? ☐ Yes ☐ No; If yes, what kind? _____ How often? _____
(Answering yes to this question does not disqualify you from the program. Our goal is to help you seek the appropriate treatment to help you into recovery.)

Have you received counseling for drug use? ☐ Yes ☐ No

If yes, describe the situation and the treatment you have received or are engaged in related to the dependency:

Mental Health History

Have you ever been diagnosed with a special needs or mental health condition? ☐ Yes ☐ No

If yes, please give date and diagnosis:

Name of diagnosing doctor or mental health provider:

Do you take medications? ☐ Yes ☐ No; If yes, what medications and how often?

Have you ever been hospitalized for any medical, emotional, or mental health reason? ☐ Yes ☐ No

If yes, when and why?

TRAINING & EMPLOYMENT

Employment Status: ☐ Employed ☐ Not employed; If employed, provide your employment information below:

Employer Name:

Job Title:

City and State:

Start/End Date:

Hourly wage: \$	Hours worked per week:	Work duties:
Name and contact information of supervisor:		
Have you ever participated in a job or vocational training program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name, location, and date attended:		
Have you ever had any construction or occupational skills experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what did you learn?		
Selective Service Information		
Are you a veteran of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, what branch of service?		
What type of discharge?	Dates of Service:	
If you are a male and 18 years or older, are you registered with the Selective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Other Information		
Authorized to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered to Vote: <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Goals:	
What do you want to gain from YouthBuild?		
Emergency Contact Name:	Relationship:	
Address:		Phone:

If you are accepted as a participant in this program, you will be expected to work hard to obtain your certificates and HiSet and spend less than 6 hours per day, Monday thru Friday, as follows: 50% of your time in an instructional setting with an emphasis placed on reading, writing, math, skills training and HiSet preparation. 40% of your time in jobsite construction and selected healthcare training, and 10% of your time in community services and leadership development. You will also be expected to be at the class site or worksite on time each day. You will be required to participate in all program activities. Do you accept such a schedule? ☐ Yes ☐ No

Applicant's Signature / Date

Applicant Age

Parent / Guardian Printed Name

Parent / Guardian Phone Number

If under 18, Parent/Guardian Signature for Approval / Date

IMPORTANT

Please attach a copy of the following information to the application:

- ID
- Birth certificate
- Social Security card
- School drop or diploma documentation

The application can be turned in via email kimberly.rister@startcorp.org, donald.douglas@startcorp.org, mail/drop off at 216 Venture Blvd. Houma La 70360, or facebook @ startcorpyouthbuild

Partnered with: LA Workforce, Department of Labor, and Bayou Cane Educational Center

FOR OFFICE USE ONLY

Date application was reviewed: _____

Date student was called to setup interview: _____

Date and time interview was scheduled for: _____

Did student show up for scheduled interview? ☐ Yes ☐ No

If No, did student call to reschedule? ☐ Yes ☐ No

If Yes, what date and time did student reschedule for? _____

Was student chosen for panel interview? ☐ Yes ☐ No

If Yes, what date and time was student scheduled for? _____

Did student show up for panel interview? ☐ Yes ☐ No

If No, did student call to reschedule? ☐ Yes ☐ No

If Yes, what date and time did student reschedule for? _____

Was the student selected for Mental Toughness? ☐ Yes ☐ No

Did student attend Mental Toughness? ☐ Yes ☐ No

If Yes, has the student signed the YouthBuild Participant Agreement? ☐ Yes ☐ No

Date of Mental Toughness: _____

Comments regarding interviews and mental toughness: _____

Was the student selected to participate in the upcoming cohort? ☐ Yes ☐ No Cohort assignment: _____

If No, what was the reasoning and was the student given a list of resources?

List of reasoning and referrals: _____

Enrollment Approval _____

Date: _____