

**APPLICATION FOR VOCATIONAL & COMMUNITY SERVICES
(This is not an application for Employment)**

PERSONAL INFORMATION

DATE OF APPLICATION _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SSN _____ PHONE NUMBER _____

BIRTHDATE: _____ AGE: _____ GENDER: _____

REFERRED BY: _____ CASE MANAGER: _____

MARITAL STATUS: Married Single Widowed Divorced Separated

RACE/ETHNICITY American Indian/ Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or Pacific Islander
 White Two or more races

SOURCE(s) OF INCOME (Please check all that apply): Monthly Income: _____

- SSI SSDI Food Stamps Social Security Retirement
- TANF/Welfare Worker's Compensation Pension
- Employment Unemployment Compensation VA Benefits

HAVE YOU EVER SERVED IN THE MILITARY: Yes No

EDUCATIONAL INFORMATION AND WORK EXPERIENCE

Highest Grade Completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Do you have a High School Diploma? Yes No **GED?** Yes No

Do you have any additional education/training? Vocational/Trade Business College

OTHER QUALIFICATIONS OR SPECIALIZED SKILLS (certificates, etc) _____

PREVIOUS WORK EXPERIENCE

Employer	Position	Start/End Dates	Reason for Leaving

HOW WILL YOU GET TO AND FROM WORK? Car Bus Family/Friends Walk Bicycle

ARE YOU A U.S. CITIZEN OR LEGAL RESIDENT? YES NO

ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN **CONVICTED** OF A FELONY? * YES NO

If yes, Date, Description and Disposition of Felony _____

ARE YOU CHARGED WITH AN UNRESOLVED CRIMINAL CHARGE? YES NO

If yes, please explain: _____

* All information is verified through the Department of Corrections

MEDICAL INFORMATION

DO YOU HAVE A DISABILITY? YES NO

IF SO, WHAT IS YOUR PRIMARY DISABILITY? _____

MEDICATIONS: _____ ALLERGIES: _____

PHYSICIAN'S NAME: _____ PHONE: _____

PHYSICIAN'S ADDRESS _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR RESTRICTIONS (List and Explain): _____

Do you have any difficulty performing any of the following (if yes, please explain):

Standing/walking for 8 hours _____

Bending/reaching frequently _____

Climbing ladders/stairs _____

Lifting/carrying/pushing up to 40 lbs _____

Ambulating (moving through out the building) _____

Dressing/feeding or personal care _____

Other _____

- Are you:
- | | | |
|---|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Teenage Parent | <input type="checkbox"/> Limited English Speaking |
| <input type="checkbox"/> Chronically Unemployed | <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Welfare Recipient |
| <input type="checkbox"/> Older Worker (55+) | <input type="checkbox"/> No HS Diploma or GED | |

EMERGENCY CONTACT: Name: _____ Phone: _____

WHAT PROGRAM ARE YOU APPLYING FOR? (Check only one program)

_____ **Work Adjustment Program:** A time limited training program to prepare people with documented disabilities to build endurance, learn good work habits and prepare for competitive employment in the community. (Documentation of the disability and any work restrictions must be provided to be considered for this program.)

_____ **Direct Placement Services:** Provides one-to-one assistance with job seeking skills , placement into competitive employment and 90 days of follow-along after placement for individuals with disabilities.

_____ **BEST (Business Employment Skills Training):** Provides training in office procedures and computer software to prepare individuals to work in the clerical field. High School diploma or GED required.

_____ **OTHER** _____

Why do you need this service? _____

What would you like to accomplish in the program? _____

Are you now receiving, or have you ever received services from any of the following agencies? Please check all that apply.

Agency:	No	Yes	If yes, Date
Anthony House			
Brevard Work Force			
Center for Drug Free Living			
Circles of Care			
Coalition for the Homeless			
Community Psychological Service at Florida Tech			
Covenant House- Florida			
DCF/Access Florida/SNAP (Food Stamps, Medicaid, TANF)			
Devereux FL Treatment Network Hospital & Counseling Ctr.			
Division of Vocational Rehabilitation (Voc. Rehab., VR)			
Goodwill Industries/Goodwill Job Connection Centers			
Harbor House/Safe House of Seminole/Help Now			
Health Care Center for the Homeless/PCAN			
Lakeside Alternatives/Lakeside Behavioral Health			
NAMI South Brevard, Drop-in Center			
Orlando Union Rescue Mission			
Pathways to Care			
Park Place Behavioral Health Care			
Seminole Behavioral Health Care			
Serene Harbor			
Social Security (SSI or SSDI)			
S.T.E.P.S.			
The Scott Center for Autism Treatment			
The Salvation Army/ The Sue Primrose Center			
UCF CARD - Center for Autism and Related Disabilities			
Wayne Densch Center			
Women's Residential & Counseling Center (WRCC)			
Workforce Central Florida/Job Vantage			
Veterans Administration (VA)			
Other:			

Applicant's Signature

Date

Parent/Guardian Signature (if applicable)

Date

Goodwill Staff Member

Date