



Getting Ahead Class Application

Today's Date _____

Applicant Information

Name (Please Print) _____

Email Address _____

Street Address _____ Apt Number _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Emergency Contact Information

Name _____ Cell Phone _____

Relationship _____

Employment Status

☐ Employed Average hours/week _____

Typically work: ☐ 8 am – 4 pm ☐ 4 pm – 12 am ☐ 12 am – 8 am

☐ Unemployed

Transportation

☐ Car ☐ Bus ☐ Taxi/Uber/Lyft ☐ Bike

Other _____

Housing

☐ Own ☐ Rent ☐ Shelter ☐ Doubled Up ☐ Transitional ☐ Other

Total number of ALL people in household _____ (Include you, children, spouse/significant other, extended family, temporaries, etc.)

Children

Child's Name

Age

Child's Name

Age

Education

Highest grade completed: ☐ Some HS ☐ HS Diploma ☐ GED ☐ Trade/Tech Certification
☐ 2 yr. ☐ 4 yr. degree ☐ Masters ☐ Ph.D.

Currently enrolled in Education Program ☐ Yes ☐ No

If "Yes", type of program (e.g. GED, STNA, Apprenticeship, College) _____

Income

Please check '✓' all sources of income: ☐ Wages ☐ Cash Assistance ☐ SNAP ☐ SSI ☐ SSDI ☐ Unemployment
☐ Child Support Other _____ Total monthly income from income from all sources \$ _____

Other Support

Please check '✓' all that apply: ☐ Subsidized Child Care ☐ Subsidized Housing ☐ WIC ☐ Medicaid

Place a check '✓' next to the areas where you are experiencing difficulties (please check all that apply):

- | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Safety | <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation | <input type="checkbox"/> Community Problems | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Debt | <input type="checkbox"/> Income | <input type="checkbox"/> Lack of Opportunity | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Reentry |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Stress | <input type="checkbox"/> Boundaries | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Behavior of Children | <input type="checkbox"/> Food |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Planning | <input type="checkbox"/> Employment | <input type="checkbox"/> Training/Education | <input type="checkbox"/> No Bank Account | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Dental/Vision | <input type="checkbox"/> Healthcare Costs | <input type="checkbox"/> Isolation/Lack of social support | | | |
| <input type="checkbox"/> Lack of Critical Identification (Driver's License, State ID, Social Security Card, Birth Certificate, etc.) | | | | | |

Current level of hope: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Did someone refer you to Getting Ahead? ☐ Yes ☐ No If "Yes" please complete the information below:

Referred by _____ Organization _____

Phone _____ Email _____

Did you and the person who referred you discuss the Getting Ahead Class? ☐ Yes ☐ No

How do you think you might benefit from the Getting Ahead Class? _____

Check the following statements that are true:

- ☐ I am not currently experiencing a major crisis (such as untreated mental illness, substance use disorder, domestic violence, or homelessness).
- ☐ I am willing to work with others to become more self-sufficient and, if applicable, reduce reliance on public assistance.
- ☐ If I currently receive disability assistance, I am open to the possibility of discontinuing it if and when I am able.
- ☐ I give permission for Bridges staff to communicate with the person or organization that referred me about my current situation, including my strengths and any barriers I may be facing.
- ☐ I am willing to participate in an interview with Bridges staff and understand that arranging childcare during the interview is my responsibility.
- ☐ I am willing to commit to an 11–13-week training course that meets twice a week for approximately 2.5-hour sessions. A meal will be provided.

Photo/Video Release

If you are selected as one of our participants/Investigators do you authorize Bridges staff to use pictures and videos of yourself and your children for promotion and inspiration to others? ☐ Yes ☐ No If “No”, please explain

Signature _____ **Date** _____

This is an application for the *Getting Ahead Class*; it **does not** guarantee you will be accepted. You will be contacted for an interview approximately one month prior to the next class starting. If your contact number changes after you have submitted this application, you are responsible for informing the Bridges staff as soon as possible.
Thank you!

Please email, mail, or deliver to:

Lucas County Family Council
Attn: Stephen MacDonald
1946 N. 13th Street, Ste. 420
Toledo, Ohio 43614
Phone: (419) 283-5485
Email: smacdonald@lucasfcfc.org

For more information, visit:

<https://www.impact-coalition.org/getting-ahead-classes/>

