



Gadsden: (850) 875-4040

Leon: (850) 922-0023

Wakulla: (850) 926-0980

**YEAR ROUND YOUTH PROGRAM
PRE-APPLICATION**

Please complete in ink and print.

Name			
	Last	First	Middle initial
Social Security #	— — —	Date of Birth	/ /
Address			
E-mail Address		County	<input type="checkbox"/> Gadsden <input type="checkbox"/> Leon <input type="checkbox"/> Wakulla
Home Phone		Alternate Contact Number	
Current School		Current Grade Level	
List Area of Career Interest			

Answer Yes or No to the following questions. If Yes, please provide the Case Number.

	Yes	No	Case Number
Are you currently on a Food Stamp grant or were you certified to receive Food Stamps in the last 6 months?			
Are you currently on a TANF grant?			

If you answered the above No, it is mandatory you answer the following.

What is your family's Total Gross Income (before taxes and other deductions) for the past 6 months?	\$
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	Yes	No
Are you enrolled in ESE/SLD classes?		
Do you have a disability or handicap?		
If yes, please describe:		

List all of the family members in your household (attach extra copies if necessary).

Name (Last, First)	Social Security #	Age	Relationship to You

Participant Signature: _____ **Date:** ____/____/____

Legal Guardian Signature (if younger than 18 years): _____

Programs funded through **WORKFORCE plus** are equal opportunity programs with auxiliary aids and services available upon request to individuals with disabilities. Persons using TTY/TTD equipment use Florida Relay Service 711.

Pursuant to Federal Law (42 USC 405 (c)(2)(C)(v) and (i)) disclosure of your social security number is mandatory. Social Security numbers will be used by **WORKFORCE plus** for the purpose of determining eligibility for receipt of initial or on-going services. In addition, it will be used to measure program performance relative to individual customer involvement. (Privacy Act of 1974) Chapter 119, F.S. includes Section 119.071(5)2.