

ANTIOCH EDUCATIONAL CENTER'S GENERAL INTAKE APPLICATION FOR FISCAL YEAR _____

Type of service you are seeking: *Nursing Assistant*___ *Patient Care Technician*___ *Scholars*___ *FIT*___ *Toys*___
*JCSD's School Uniforms*___ *Food*___ *Legal Service*___ *Other (Please specify):*_____

Name: _____ Driver's Lic./State ID: _____

Home Address: _____ DOB: _____

Mailing Address: _____ Contact Number: _____

Email Address: _____ Cell Number: _____

Number of Persons in your household: _____ Adults: _____ Minors: _____ Disabled: _____

Names, Gender, and Birthdates for all Members of your Household:

Total Monthly Household Income: _____ Source(s): _____

Are you employed? ___ If yes, name of employer: _____ Work Number: _____

Supervisor: _____ If, unemployed, have applied for unemployment benefits? Yes___ No___

Do you own your home (FIT Clients only)? ___ If yes, how long? _____ Is it heirs property? Yes___ No___

Do you need any legal services? ___ If yes, explain _____

Describe what services you are seeking from AEC _____

Are you registered to vote? If no, would you like to complete the form? Yes ___ No___

Have you been helped by AEC or United Way before? Yes___ No___

How did you hear about AEC? _____

NA Program only: Please explain why you are interested in attending this program:

Have you ever been **convicted** of a felony? Yes___ No___ Are you able to pass a drug test? Yes___ No___

Signature

Date

Information taken by: ___ Was applicant accepted? ___ What were the circumstances cited? _____
