



## MASTER APPLICATION

In order to serve you more effectively, please complete the following application. The more information you are able to provide the better we can help you achieve your goals. This form is secure and your privacy is our highest priority.

### How did you hear about us? \*

- Walk-in
- Google Search or Social Media
- Event or Workshop
- Family or Friend
- Flyer, Brochure, Newsletter
- State of CA Department of Rehabilitation (DOR)
- Marin County (i.e., BHRS, Case Manager, Probation)
- Kaiser Permanente, Marin General Health, Physician
- Other

## Marin City Community Development Corporation

### Today's Date

Month   Day   Year

## SECTION ONE-Personal Information

### Name

First Name                      Middle Name                      Last Name

### Physical Address \*

Street Address

Street Address Line 2

City State / Province  
**Mailing Address (if different from physical)**

Postal / Zip Code  
Address or PO Box

Address Line 2

City State / Province

Postal / Zip Code

## Cellphone Number

Area Code Phone Number

## Home Phone Number

Area Code Phone Number

## Work Phone

Area Code Phone Number

## Email

example@example.com

## What is the best way to contact you?

Phone

Email

**Are you eligible to work in the United States?**

Yes

No

Other

**Social Security Security Number (000-00-0000)**

**Do you have a valid California Driver's License or California ID?**

Yes

No

**Gender \***

Male

Female

Transgender

Decline To State

Other

**Sexual Orientation \***

Gay/Lesbian

Heterosexual/Straight

Bisexual

Pansexual

Queer

Questioning or Unsure

Prefer Not to Answer

Other

**Ethnicity \***

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White / Caucasian

Decline to State

Other

**Race \***

African  
American Indian / Alaska Native  
Arab /Middle Eastern  
Asian  
Black orAfrican American  
Hispanic / LatinX  
Multiracial  
Native Hawaiian or Other Pacific Islander  
White / Caucasian  
Decline to State  
Other

**Marital Status \***

Divorced  
Living with Partner  
Married  
Never Married  
Separated  
Single  
Widowed  
Registered Domestic Partnership  
Decline to Answer  
Other

**Are you a Veteran (Voluntary) \***

I am a Veteran  
I am not a Veteran  
I Prefer Not to Answer

**Do you have transportation to get to work?**

Yes, I have an insured vehicle  
Yes, I take public transportation  
No, I need help learning about public transportation  
No, I will need to walk  
Other

**Primary Language Spoken at Home \***

Arabic  
English  
Hindi  
Japanese

Tagalog/Other Filipino Dialect  
Punjabi  
Russian  
Spanish  
Other

**Disability (Voluntary) \***

I have a disability  
I do not have a disability  
I Prefer Not to Answer

**Mental Health/Illness (Voluntary) \***

I am diagnosed with a mental health condition  
I am not diagnosed with a mental health condition  
I do not know, have never had this checked  
I Prefer Not to Answer

**What best describes your current living situation?**

Renting  
Own a home  
Living with family or friends  
Shelter or temporary housing  
Section 8 or Subsidized Housing  
Currently without shelter  
Other

**Health Insurance \***

Employment Based  
Medicaid / MediCal  
Medicare  
Military Health Care  
Not Insured  
Private Pay /Direct Purchase  
State Children's Health Insurance Program  
State Health Insurance for Adults  
Decline to State  
Other

**Have you ever been convicted of a felony?**

- Yes
- No
- Not applicable
- I Prefer Not to Answer

**Have you ever been convicted of misdemeanor?**

- Yes
- No
- Not applicable
- I Prefer Not to Answer

**If yes to felony or misdemeanor, please briefly describe so we can better assist you with employment services:**

**Are you currently on probation or parole?**

- Yes
- No
- Not applicable
- I Prefer Not to Answer

**I would like to learn more about Clean Slate Program.**

- Yes
- No

## **SECTION TWO-Programs and Services**

Please select the programs and services that interest you. Our team will review these and provide other recommendations as we design your person centered service plan.

**Program(s) Interested in \***

- Career and Workforce Development
- Construction Trades Program
- PowerUp Youth Program (Ages 15-25 years. Parents must sign application for youth under 18 years of age.)
- Empowerment Clubhouse Program-Mental Health
- Small Medium Enterprise (SME)

Other

**Service(s) Interested in \***

Financial Literacy

Digital Literacy

Tutoring

General Education Diploma (GED) Support

Tax Services

Credit Counseling

Transportation Education

Legal Services Misc. Referral(s)

Clean Slate Program Expungements

Child Support Services

Finding Shelter

Case Management Referral(s)

Homeownership Education Programs

Mental Health Support

Community Volunteer Activities

Benefits Planning Outreach & Assistance (BPAO) and Ticket to Work (DOR) Referral and Education.  
Services are typically for DOR Clients who may be receiving Supplemental Security Income (SSI) and  
interested in returning to work but are concerned about losing income or medical benefits.

Other

**State of CA DOR (Voluntary Question)**

I am NOT a former DOR Client

I am a DOR Client

I have received DOR Services within the past 12 months

I want to learn more about DOR

I decline to answer

**My DOR Counselor is (Name):**

**My DOR Counselor Phone:**

**My DOR Counselor Email:**

**Comments**

## SECTION THREE-Household Information

List ALL Children/Dependents; including non-custodial. List ALL Adults in Household.

	Name (First and Last)	Relationship	Age	If Minor Child, do you have custody?	Veteran Status
1.					
2.					
3.					
4.					
5.					
6.					

### Family Type \*

- Multi-generational Household
- Non-related Adults with children
- Single Parent Female
- Single Parent Male
- Single Person (no children in household)
- Two or More Adults (no children in household)
- Two Parent Household
- Decline to Answer
- Other

### # of Adults in Household \*

### # of Children in Household \*

### # Seniors in Household \*



**Estimated Household Annual Income \***

## **SECTION 4-Your Support System**

Please list individuals you consider to be in your support system and if you would like to have them involved in your services here at Marin City CDC. Please note that you will need to provide us with a signed Authorization of Release prior to us contacting any individuals. Marin City CDC will not contact individuals without your consent on file.

### **List Names Below**

	<b>Person First and Last Name</b>	<b>Relationship (Case Mgr, Parent, etc.)</b>	<b>Phone</b>	<b>Email Address</b>
1.				
2.				
3.				

### **INTERNAL OFFICE USE! RELEASE OF INFORMATION RECEIVED**

Yes, signed and on file.

No, not signed. Do not contact.

N/A

### **Comments**

## **Reliable Contact (for Clients 18 years of age and over).**

Please list someone we may contact if we cannot reach you?

## Reliable Contact

First Name

Last Name

## Reliable Contact Phone:

Area Code

Phone Number

## Reliable Contact Email:

example@example.com

## What is the best way to contact them?

## Parent or Guardian Contact Information (for youth under 18 years of age)

### Please select Parent, Guardian, or Not Applicable

Parent(s)

Guardian(s)

Other

## Parent/Guardian #1

First Name

Last Name

## Cell Number

Area Code

Phone Number

## Secondary Number

Area Code

Phone Number

## Are you a New or Returning Client or Member \*

Returning Client  
Returning Member

## Cell Number

Area Code

Phone Number

## What is the best way to contact them?

## What is your Current Employment Status?

Employed Full-time  
Employed Part-time  
Employed (multiple jobs)  
Seeking to return to labor force  
Temporary or seasonal work  
Retired  
Unemployed (less than six months)  
Unemployed (over six months)  
Other

## Your Goals \*

Short and long term goals.

# SECTION FIVE-Education and Employment

## My Goals

I want to get a part-time job  
I want to get a full-time job  
I want an on-call job  
I want a Temporary or Seasonal job  
I am open to any type of work  
I want to return to school and get my GED  
I want to return or enroll in college  
I want to enhance my job skills to move up in my career

I want help with job exploration

I want to learn more about Transitional Employment and Supportive Employment.

I need help planning and setting my goals

Other

### **Are you available to work?**

Yes, I am available now to work

No, I need time to build up my skills.

Other

### **What shifts are you looking for?**

Morning

Evening

Day

Overnight

Weekends

Any and all shifts that may be available

Other

### **Highest Level of Education**

I am currently attending high school

I am NOT attending high school

I am currently attending college

High School Graduate

GED

Grades 0-8

Grades 9-12 / Non-graduate

High School Graduate + Some College

Associates Degree

Bachelors Degree

Master's Degree

Trade / Vocational Certification

Decline to Answer

Other

### **What industries do you have experience in?**

Information Technology

Solar, Green Business Sector

Healthcare

Construction

Financial Services

Customer Service

Retail Sales  
Food Services  
Nonprofit or Social Services  
Public Utilities  
Other

**I have completed**

Vocational training  
Apprenticeship Program(s)  
Professional Certificates  
Other

**Please describe your training received:**

**What I need help with:**

## **SECTION SIX-Benefits and Income**

What are your current sources of income?

**Please check all that apply**

Part-time Employment  
Full-time Employment  
Self-Employment  
Temporary Employment  
Unemployment  
Pension  
General Assistance  
Social Security  
CalWORKS/TANF

Alimony  
Child Support  
Student Financial Aid  
Other

**What is your approximate Gross income before taxes?**

**Do you receive Food Stamps/SNAP?**

Yes  
No  
Don't know

**If yes, how much?**

**Do you and the following members of your household have health coverage, including private, employer provided, and/or public (i.e., MediCal, Healthy Families, or Healthy Kids & Young Adults?)**

**You**

**Your Children**

**Your**

**Spouse/Partner**

**Do any of your friends, relatives, or anyone else you have a relationship with work for Marin City CDC? (Staff, contact Supervisor for additional information.)**

Yes, I have family, friend(s), or relationship with an individual(s) who works for Marin City CDC  
No, I do not have any family, friends, or relationships with individuals who work for Marin City CDC.  
Other

## **SECTION SEVEN-Financial Information**

Please complete the following to the best of your knowledge. Our financial literacy coach will provide resources and training to help contribute to your future.

**Which of the following accounts do you have?**

Checking  
Savings  
Investment

- Education Savings
- Debit Card
- Online banking
- Mobile Banking
- I do not have a bank account
- Other

**Approximately how much do you have in total, including cash?**

- \$1.00-\$1,000
- \$1,001-\$2,500
- \$2,501-\$5,000
- \$5,001-\$10,000
- \$10,001 and above
- Decline to Answer
- Other

**Do you currently owe money on any of the following? Check all that apply.**

- Auto Loan
- Child Support
- Credit Card
- Loan from Family or Friend
- Medical Bill(s)
- Mortgage or Rent
- Payday Loan
- School Loan
- Tax Debt
- Utility Bill(s)
- No Debt
- Decline to Answer
- Other

**If you owe money, what is your estimated debt?**

**Do you know what your Credit Score is?**

- Yes
- No
- I don't know how to do this
- I need help understanding how this works

**If yes, what is your Credit Score?**

**During the last 12 months, have you...?**

- Been behind in your monthly bills?
- Used a credit card to pay for your regular bills?
- Paid cash to cash a check?
- Paid for a PayDay Advance?
- Taken a loan or had help from family and friends?
- Used Student Financial Aid for non-educational purposes?
- None of the above

**Did you file a Tax Return last year?**

- Yes, I did my own taxes
- Yes, I went to a free tax preparation site
- Yes, I paid to have my taxes filed
- Yes, a friend or family member did my taxes for free
- No, I did not file
- I need help with my taxes
- I owe taxes
- Other

**Do you own a business?**

- Yes
- No
- Other

**Do you have an ITIN for your business?**

- Yes
- No
- Other

**Do you have any questions or concerns about your current or past tax liability?**



## SECTION EIGHT-Informed Consent and Acknowledgement

Thank you for choosing Marin City CDC to be your community partner in helping you achieve your goals. As part of your application process, you will receive a copy of our Privacy Policy, Rights of Persons Served, and Accessibility Policy. In addition, and according to the programs and services you are enrolled and participate in, you will receive and sign appropriate documents for your review and success.

### Parent/Guardian #2

First Name                      Last Name

### Date

Month    Day              Year

### Primary Address

Street Address

Street Address Line 2

City                                      State / Province

Postal / Zip Code

### Secondary Number

Area Code                                      Phone Number

### Thank you for completing the MCCDC enrollment process!

Please print this form and sign it using the space(s) above, then submit to MCCDC Program or other designated staff.