

Consolidated Youth Services

YESS Program Application

Demographic Information

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____

Street Address: _____ Apartment/Unit: _____

City: _____

State: _____

Zip Code: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Race and Ethnicity (please select one):

- Alaskan Native/Native American
- Asian
- African American/Black
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White
- 2 or More Races
- Other/Unknown

Are you a U.S. Citizen? Yes ___ No ___

If no, are you authorized to work in the U.S.? Yes ___ No ___

Department of Children, Youth, and Families Information

DCYF Case Worker: _____ Phone: (____) _____

Two most recent DCYF Placements (please list most current first)

Agency: _____ From: _____ To: _____

Street Address: _____ City: _____ State: _____

Case Manager: _____ Phone: (____) _____

Email Address: _____ Fax: _____

Agency: _____ From: _____ To: _____

Street Address: _____ City: _____ State: _____

Case Manager: _____ Phone: (____) _____

Email Address: _____ Fax: _____

Education History

Are you currently enrolled in school? Yes ___ No ___

If no, do you have a high school diploma, GED, or advanced degree?

Yes ___ No ___

If yes, please check the school that applies and specify the name of the school:

High School:

What is your current grade level?

GED Program:

Trade School:

College/University:

If yes, please specify:

Graduation Date: _____

Anticipated Degree: _____

Are you a recipient of the DCYF Post Secondary Education Tuition Assistance Program?

Yes ___ No ___

Employment History

Are you currently employed?

Yes ___ No ___

If yes, please check one -

Part-time ___

Full-time ___

If yes, how many hours per week do you generally work? _____

If yes, who is the employer? _____

If yes, what is your hourly pay rate? _____

If not employed, have you ever been employed?

Yes ___ No ___

Consolidated Youth Services Program Involvement

ASPIRE Initiative?

Yes ___ No ___

If no, are you interested in participating?

Yes ___ No ___

Real Connections Program?

Yes ___ No ___

If no, are you interested in participating?

Yes ___ No ___

Life Skills Graduate?

Yes ___ No ___

If yes, date completed:

___ I do not know enough about one or more of these programs to be able to answer.

Transition Planning and Goals

Have you participated in your transition plan?

Yes ___ No ___

What are your current life goals?

1. _____

2. _____

3. _____

Disclaimer & Youth Signature

By entering my name and checking the box below, I declare that I am the individual applying for entry into the YESS Aftercare Services Program. I certify that the above answers are accurate, true and complete to the best of my knowledge. If this application leads to acceptance, I understand that any false or misleading information in my application or interview may result in my release or discharge from the YESS program. I also acknowledge that I will be advised of additional expectations in order to participate in the program as the acceptance process continues.

I have read and agree with the above certification.

Applicant Name: _____

Date: _____

By entering my name and checking the box shown below, I declare that I am the DCYF Worker working with the youth noted in this application. I certify that the answers above are accurate, true, and complete to the best of my knowledge.

I have read and agree with the above certification.

DCYF Worker Name: _____

Date: _____