



Program Application Form

Please complete and return via email to kvanmeekeren@jeremiahprogram.org or by mail/in person to:

126 Woodlake Drive SE
Rochester, MN 55904
Telephone: 507-215-8904
www.jeremiahprogram.org

Today's Date: _____

Introduction

This Program Application gives us information about your family, your interests, and your needs. The information in this application is used to help evaluate appropriateness of the program to meet your needs, resources you might need and referrals that are outside of the scope of Jeremiah Program. Much of this information is personal and will remain confidential. If you are uncomfortable with any question, you may omit answering it. Please feel free to contact us should you want additional information regarding any of the questions below and/or how this information is used by our program.

Selection Process:

Applications are reviewed as received. Please understand that our program is not an emergency shelter. Those families that meet the applicant criteria may be invited for an Applicant Interview. After completion of the interview, candidates may be invited to participate in the pre-admissions process including a 16-week Empowerment training course, pre-admissions coaching and documentation collection. Pre-admission participation is a requirement for acceptance to the program. Upon successful participation in pre-admissions, an applicant may be invited to an admissions interview. The admissions decision is final. Actual admission for housing is based on unit availability/occupancy. Jeremiah Program reserves the right to close applications at any time.

Program Criteria:

- Low-income single mother
- At least 18 years old
- Minnesota state resident for at least one year
- High school graduate or GED certificate
- Enrolled or desire to enroll in post-secondary education
- Have dependent children all under the age of five at the time of application
- Highly motivated

How did you hear about Jeremiah Program? _____



Contact Information

Name: _____
(First) (Middle) (Last)

Date of birth: _____

Current address: _____
(Street) (Apartment #)

(City) (State) (County) (Zip)

Is this address a shelter? Yes () No ()

Have you ever or are you currently experiencing *Long-term Homelessness? Yes () No ()

***Long-term homelessness is defined as someone lacking a permanent place to live continuously one year or more, or at least four times in the past three years or less. This can include staying in a shelter, a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train station/airport or anywhere outside), or couch hopping.**

Where is the best place to contact you? Home () Work () Cell () Email ()

Home Number: _____ Can we leave messages for you here? Yes () No ()

Work Number: _____ Can we leave messages for you here? Yes () No ()

Cell Number: _____ Can we leave messages for you here? Yes () No ()

Email Address: _____ Can we contact you here? Yes () No ()

Applicant Information

Current Marital Status: Single () Separated () Divorced ()

Have you ever been known by another last name? Yes () No ()



If yes, what is it? _____

Ethnic Background (optional):

African American () Asian/Pacific Islander () Caucasian () Latina ()

Native American () Multi-racial () Hispanic () Other () _____

Are you a U.S. citizen? Yes () No () Were you born in the U.S.? Yes () No ()

Are you a resident of Minnesota? Yes () No ()

How long have you lived in Minnesota? _____

Where did you live before Minnesota? _____

If you lived in another state, why did you move to Minnesota?

Children's Information

***Please keep in mind that in order to qualify, ALL children must be under the age of 5 at the time of application.**

Are you pregnant at this time? Yes () No () If yes, what is your due date? _____

Name (First/Middle/Last) Gender Date of Birth Ethnic Background (Optional)

1. _____

2. _____

3. _____

4. _____

Do you have a childcare provider for your child(ren)? Yes () No ()

If so, who is your childcare provider? _____



Do you receive childcare assistance through a county program? Yes () No ()

If yes, how many hours per week are you authorized? _____

If no, are you on any waiting lists for childcare assistance? Yes () No ()

Custody Arrangement

What is your current custody arrangement of your child(ren)?

Sole Physical Custody () Joint Physical Custody () Father has Sole Physical Custody ()

Other (Please explain) _____

Educational Information

***Please keep in mind that in order to qualify, you *must* desire to be enrolled or are already enrolled at a post-secondary institution that is accredited by the Higher Learning Commission.**

Do you have a high school diploma or GED Certificate? Diploma () GED ()

Do you have other degrees or training certificates? Yes () No ()

If yes, please list: _____

Name of school currently accepted to or enrolled at: _____

Location of school (city/state): _____

What certification or degree are you seeking? Certificate () Diploma () Associates ()

Bachelors () Other: _____

What is your major field of study? _____



What is your current academic status? Good Standing () Probation () Suspension ()

Other ()

Employment Information

Are you currently employed? Yes () No ()

Company Name: _____ Job Title: _____

How long have you been employed there? _____

How many hours per week? _____

What is your rate of pay? \$ _____

If unemployed, are you currently job searching? Yes () No ()

Income Information

What is your estimated total yearly income? \$ _____

What are your current sources of income?

Employment: \$_____ /month Public Assistance: \$_____ /month Other: \$_____ /month

If you receive any county assistance, please list the county name: _____

Do you have a Section 8 Voucher? Yes () No ()

Health Information

Do you have any special health care needs? Yes () No ()

If yes, what are they? _____



Does your child(ren) have any special health care needs? Yes () No ()

If yes, what are they? _____

If there any special help, accommodations, or modifications that you or your child(ren) might need due to a disability, handicap condition or other circumstances? Yes () No ()

If yes, please explain: _____

Why Jeremiah Program?

Why do you want to attend your chosen post-secondary educational program? How do you think that this education will impact your life?

How do you think that your education will impact you child(ren)'s life? Your family's life as a whole?

(Please use extra paper if you need more space)



Jeremiah Program is committed to compliance with all local, state, and federal civil rights and human rights laws that prohibit discrimination in providing educational, social service, and housing opportunities. Jeremiah Program does not discriminate against any applicant or participant on the basis of race, color, religion, creed, national origin, marital status, familial status, status with regard to receipt of public assistance, physical or mental disability, or affectional preference.

Jeremiah Program does provide reasonable accommodations for persons with disabilities. Reasonable accommodations in rules, policies, practices, and services will be allowed to give persons with disabilities and equal opportunity use and enjoy housing provided by Jeremiah Program or to participate in other aspects of the program, provided such accommodations do not impose an undue hardship on the organization. Applicants or program participants with disabilities seeking reasonable accommodations must contact the Executive Director to make an accommodation request.



Please read the following statement and sign below:

The information in this application is true and correct. I hereby grant permission to Jeremiah Program to seek the release of personal information concerning me from sources reported in this application including, but no limited to: government agencies, educational institutions, current and former employers, health care providers, and mental/chemical health facilities. I understand that my signed consent below will operate as consent for the purposes of complying with the Health Insurance Portability and Accountability Act of 1966, the Family Educational Rights and Privacy Act, the Federal Privacy Act of 1974, the Minnesota Government Data Practices Act.

Signature

Date