

Family Futures Downeast Application Form

Admission is open to any parent who resides in Washington County and meets the following criteria:

Meets income eligibility guidelines

 Has at least one child that will pa Motivated to increase their educe 	•	ment, and be active i	in their child's ed	ucation	
I am applying for: □University of Main	e at Machias	□Washington Coun	ty Community (College	
We are continuing to determine how be delivered for Cohort 7. Could you I could attend: □ In Person □Rem	please share you		s?	ded how classes will	
Parent Information					
Name:					
Birthdate:	G	ender:			
Physical Address:	Т	own:	ZIP:		
Mailing Address:					
E-mail:		Cell Phone #:			
Home Phone #:		Work Phone #:			
Where is the best place to reach you?		□Cell □Email □Home □Work			
Is it okay to Text you: □Yes □No					
Do you use Facebook Messenger? □Yes □No		Is it okay to contact you by FB? □Yes □No			
		lame on Messenger	·:		
What is your marital status?: Sing		□Divorced			
Are you an enrolled member of a Na	ative American tr	ibe?: □Yes □No	□Do not wish t	o answer	
Tribe:					
How did you hear about Family Futures I Referred By:	Downeast? □Friend	d □Flyer □Facebook/ 	′Social Media □S	Service Provider	
Please list all child(ren) Information					
Name	Gender	Date of Birth	Age	Resides with:	

			I	1		
Are you expecting a child at this time?	S =No					
Are you expecting a child at this time? □Ye	:S □INO					
If yes, what is the child's due date:						
Do you have a child(ren) that require child	care?					
Does your child(ren) have any educational,	[/] disability, h	ealth, nutritional,	or other need	ds/accomn	nodations t	hat
we should be aware of? If so, please give a	brief descr	iption:				
						_
Educational Information:						
Do you have a:		☐ High School Diplo	ma □GED	□ HiSET	□None	
Where did you receive your diploma, HiSe GED?	et, or					
Do you have other degrees or training	1	⊐Yes □No				
certificates?						
If Yes, please list:						
Have you previously attended college or]	⊐Yes □No				
university classes?						
If yes, where? (please list college and date	es)					
If Yes, how many credits did you earn?						
		⊐Yes □No				
If yes, where?						
How much do you owe?						
Do you have any student loans that are in	[⊐Yes □No				
default?						
Financial & Employment Information:						
Do you participate in any of the following pro	grams?	□SNAP A#:				
(Check all that apply)		□TANF Cash Assist	ance			
		□FedCAP	1			
		□MaineCare (for n	-			
		MaineCare Num	per:			
Are you currently working?		□Yes □No				
Where are you currently working?						
If Yes, how many hours per week:						

Why do you want to attend Family Futures Do	owneast? Ho	w do you think that this education will impact your life?
Futures Downeast to see the release of personal	elow: orrect to the b	est of my knowledge. I hereby grant permission to Family concerning me from sources reported in this application
including, but not limited to: government agence	cies, education	nal institutions, and health care providers.
Date: Signature:		
For office use only:		
Received by:		Date:
Interview:		Date:
Financial Verification complete:		□No
Meets eligibility criteria:	□Yes	□No
Comments:		

Please submit Application and Release of Information Form to:

Family Futures Downeast
7 Ames Way
Machias, ME 04654

Phone: 207-255-0983 Fax: 207-255-4987 familyfutures@sunrisecounty.org



Release of Information Form

Name:	DOB:	
SSN:	Phone:	
Physical/Mailing Address:		
	nission for Family Futures Downeast staff to share	
	the purpose of providing assistance to me and my minor	
child(ren) (initial)		
Listed programs and associated personnel may a	ccess my academic, educational and any other records that	
can help determine eligibility and participation fo	•	
can neip determine engionity and participation jo	Title 11 b 11 ogram.	
Community Caring Collaborative	Axiom Education & Training Center	
Downeast Community Partners		
University of Maine at Machias	Sunrise County Economic Council	
Washington County Community College,	Department of Health and Human Services:	
	Office of Family Independence	
The color of the state of the s	and the contraction to the contraction	
The only time staff would share information with	out my permission is when there is:	
Evidence of child or elder abuse or neglect	a ath ana	
• A student presenting a danger to themselves on		
 A court order that requires disclosing the inforr 	nation	
I also understand that I can revoke this consent a	t any time. This form is valid for one year from the date listed	
below.		
My signature below indicates my consent.		
Date: Signature:		