

Are you expecting a child at this time? Yes No

If yes, what is the child's due date: _____

Do you have a child(ren) that require childcare?

Does your child(ren) have any educational/disability, health, nutritional, or other needs/accommodations that we should be aware of? If so, please give a brief description:

Educational Information:	
Do you have a:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> HiSET <input type="checkbox"/> None
Where did you receive your diploma, HiSet, or GED?	
Do you have other degrees or training certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list:	
Have you previously attended college or university classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? (please list college and dates)	
If Yes, how many credits did you earn?	
Do you owe money to any college or university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
How much do you owe?	
Do you have any student loans that are in default?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial & Employment Information:	
Do you participate in any of the following programs? (Check all that apply)	<input type="checkbox"/> SNAP A#: _____ <input type="checkbox"/> TANF Cash Assistance <input type="checkbox"/> FedCAP <input type="checkbox"/> MaineCare (for me) MaineCare Number: _____
Are you currently working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are you currently working?	
If Yes, how many hours per week:	

Why do you want to attend Family Futures Downeast? How do you think that this education will impact your life?

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

Please read the following statement and sign below:

The information in this application is true and correct to the best of my knowledge. I hereby grant permission to Family Futures Downeast to see the release of personal information concerning me from sources reported in this application including, but not limited to: government agencies, educational institutions, and health care providers.

Date:

Signature:

For office use only:

Received by:	Date:
Interview:	Date:
Financial Verification complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets eligibility criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	

I, _____, give permission for Family Futures Downeast staff to share information with the following organizations for the purpose of providing assistance to me and my minor child(ren) _____ (*initial*)

Listed programs and associated personnel may access my academic, educational and any other records that can help determine eligibility and participation for the FFD Program:

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 only time staff would share information without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A student presenting a danger to themselves or others
- A court order that requires disclosing the information

I also understand that I can revoke this consent at any time. This form is valid for one year from the date listed below.

My signature below indicates my consent.

Date:	Signature:
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