



APPLICATION FOR CSC SERVICES

Last Name, First Name, Middle Initial _____		Program ID# _____	
Pronouns _____		Application Date ____/____/____	
Home Address			
Street _____		City _____	State _____ Zip _____
County _____			
Mailing Address if Different			
Street _____		City _____	State _____ Zip _____
Phone Number _____		Birth Date ____/____/____	
Email address _____			
Do you have your:			
<input type="checkbox"/> Birth Certificate			
<input type="checkbox"/> Social Security Card			
<input type="checkbox"/> Oregon ID, Instructional Permit, or Driver's License			
What type of assistance would you like to receive?			
<input type="checkbox"/> Work Experience/Paid Internship		<input type="checkbox"/> GED	
<input type="checkbox"/> Assistance with Getting ID		<input type="checkbox"/> High School Diploma	
<input type="checkbox"/> Job Search/Employment Assistance		<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Exploration of Careers/Education		<input type="checkbox"/> Assistance with College Entry	
<input type="checkbox"/> First Aid/CPR		<input type="checkbox"/> Food Handlers Card	
<input type="checkbox"/> Life Skills (budgeting, goal-setting, relationships & communication)		<input type="checkbox"/> Other _____	
Education Status		Highest School Grade Completed	
<input type="checkbox"/> Student (high school or less) Where? _____		Completed Through Grade: (select one)	
<input type="checkbox"/> Not Attending/Did not Complete Last attended, Month _____ Year _____ School Name? _____		<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	
<input type="checkbox"/> Student Attending Post High School		<input type="checkbox"/> I Have a High School Diploma	
		<input type="checkbox"/> I Have a GED	
Did you or do you have an IEP or 504 plan in school? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Demographics/Characteristics (select all that apply)

Place a check mark in the box next to any of the following that describe your current situation or may prevent you from getting and keeping a job. This information is confidential and will only be used to help us identify the services you need.

- | | |
|---|--|
| <input type="checkbox"/> I have limited reading, writing and/or math skills | <input type="checkbox"/> I have or want to drop out of school |
| <input type="checkbox"/> I do not live at home/have run away | <input type="checkbox"/> I am homeless |
| <input type="checkbox"/> I do not have stable/affordable housing | <input type="checkbox"/> I have to take care of my family |
| <input type="checkbox"/> I have a criminal record | <input type="checkbox"/> I am an English language learner |
| <input type="checkbox"/> I am pregnant or a single parent | <input type="checkbox"/> I am or have been in foster care |
| <input type="checkbox"/> I have a disability | <input type="checkbox"/> I am interested in receiving counseling |
| | <input type="checkbox"/> I am currently unemployed |

Are you working with the Juvenile Department? Yes No

Are you currently on probation? Yes No

If yes who is your Probation Officer? _____

Assistance Programs YES / NO

Are you receiving any financial assistance? If yes please list: (Examples, SNAP, TANF, Free or reduced lunch, SSI, etc)

This will help determine eligibility for this program and other services provided by Community Services Consortium, and will remain confidential.

Ethnicity/Race:

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hawaiian Native or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Not Disclosed | |

Gender: _____

Briefly explain your education and career goals:

How are you going to get here? (walk, drive, bike, bus) _____

Who referred you or how did you hear about this program? _____

_____	____/____/____
Applicant Signature	Month Day Year

_____	____/____/____
Parent/Guardian if applicant is under 18	Month Day Year

CSC is an equal opportunity program employer. Language assistance is available to individuals with limited English proficiency free of cost.

Auxiliary aids or services are available upon requested to individuals with disabilities.

Oregon Relay 1-800-735-2900.