

Please complete this entire form. The information is for VIDA's use and will not be shared with any other agency without your consent. It is needed to determine your qualifications and to help us understand your needs.

VIDA Application

Name: _____

Social Security # ____ - ____ - _____

First

Last

Middle

Date of Birth: ____/____/____

Age: ____

Gender: ____ Male ____ Female

Home Phone # _____

Cellular # _____

Email Address: _____

Facebook Address: _____

RACE

- White
- Black, African Am., or Negro
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian

CITIZENSHIP

- U.S. Citizen
- Refugee
- Permanent Resident
- Parolee
- Non-Citizen

MARITAL STATUS

- Married
- Separated
- Widowed
- Single
- Divorced

SINGLE PARENT

- Yes
- No

LIVING ARRANGEMENTS

Which of the following live in your household at least half the time? (Mark one or more)

- Your spouse
- Your spouse's mother or father
- Your unmarried partner
- Your spouse's other relatives
- Your biological or adopted children
- Friends
- Other children under age 18
- Others
- Your mother or father
- No one else
- Your other relatives
- Living in shelter or temporary housing

*EXPLAIN OTHER:

How many **Adults (18 or older)** including yourself live with you at least half the time? []

How many **Children (under 18)** live with you at least half the time? []

(Include biological, adopted, foster, step, and any other children)

For how many of these children are you or your spouse the legal guardian? []

Do you have any **Children (under 18)** who do NOT live with you at least half the time? [] Yes [] No

If Yes, How many? _____

My other dependents (18 or older) I support. How many? _____

HOUSEHOLD LANGUAGES

English Spanish Other

*If Other Languages, Specify:

CURRENT ADDRESS

Number & Street Apt

City County

State Zip

Work Phone #

PREFERRED MAILING ADDRESS**(If different from Residence Address)**

Number & Street Apt

City County

State Zip

Work Phone Extension

VOTERS INFORMATION

Are you registered to vote?

 Yes No

If not eligible to vote, select reason

 Criminal Record US Perm Resident Alien**EDUCATION**

Are you first generation in college?

 Yes No

If NO, Who are college graduates

 Parents Grandparents

If YES, is it you first time in college?

 Yes No

If some college, please specify number of hours: _____

Are you a returning college student with some college hours but haven't attended in one year or more? Yes No

Last Year Attended School/College [_____]

What is the highest degree or level of school you have completed? (Mark one):

 Grade 1 through 11 (specify in next question)

If "Grade 1 through 11" was selected, Specify [_____]

 12th Grade – No diploma GED or alternative credential Regular high school diploma Some College credit, but less than 1 year of credit 1 or more years of college credit, but no degree Associate's Degree (For example AA, AS) Bachelors' Degree or higher (For example BA, BS)

Were you in dual enrollment in high school?

 Yes No

If yes, how many college credits did you graduate high school with? _____

Have you applied and received student loans in the past? _____

If yes, are they in default or deferred? _____

EDUCATION (CONTINUED)

If yes, what is the amount in default? _____

Do you have any type of "HOLD" at any college or university? _____

If yes, what is the amount in default? _____

Do you have any type of "HOLD" at any college or university? _____

Have you ever earned a:

Marketable skills or vocational training certificate? Yes No

College Certificate? Yes No

WHICH OF THE FOLLOWING STATEMENTS APPLY TO YOU?

(CHECK AS MANY ITEMS AS NECESSARY TO EXPLAIN YOUR BACKGROUND)

- Have not worked in the last two years
- Never employed
- Have never received Vocational Training
- Disabled or Special Needs
- None of the above

MILITARY BACKGROUND

Have you served in the Armed Forces? Yes No

If Served in Armed Forces, Indicate Branch

<input type="checkbox"/> Army	<input type="checkbox"/> Navy
<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines

Type of Discharge Honorable Dishonorable Other

Date of Discharge ____/____/____

PUBLIC ASSISTANCE INFORMATION

Registered with Selective Service? Yes No

Are you willing to take a drug test? Yes No

Have you ever been in foster care? Yes No

If YES, Did you take any college classes prior to the age of 21? Yes No

CRIMINAL BACKGROUND

Have you ever been convicted of a felony or misdemeanor? Yes No

If YES, please select type of conviction: Felony Misdemeanor

PUBLIC ASSISTANCE INFORMATION

Do you receive Public Assistance?

Yes

No

If yes, please check all that apply

TANF (AFDC)

Medicaid

Public Housing

Refugee Assistance

Food Stamps

SSI

WIC

Name of Public Housing? _____

How did you hear about VIDA? _____

OFFICE USE ONLY
LOW INCOME ELIGIBILITY WORKSHEET

FAMILY INCOME

26 WEEKS INCOME RECEIVED FROM: ____ / ____ / ____ TO: ____ / ____ / ____
 MONTH DATE YEAR MONTH DATE YEAR

LIST ALL INCOME CONTRIBUTORS TO THE HOUSEHOLD	RELATIONSHIP	AGE	INCOME	SOURCE OF INCOME
			\$	
			\$	
			\$	
			\$	
			\$	
TOTAL FAMILY INCOME			\$	

INCLUSIONS:

- 1. Gross Wages/Salary \$ _____
 - 2. Self-Employment Income (Net) \$ _____
 - 3. Regular Payments from SSDI \$ _____
 - 4. Regular Veteran's, Workman's Compensation & Disability Payments \$ _____
 - 5. Other Income \$ _____
- TOTAL \$** _____

OMB INCOME GUIDELINES:

Family Size: ____ \$ _____
 X 2 = \$ _____

ELIGIBILITY CATEGORY:

- Low Income: Food Stamps, TANF or Other:

- Low Income: Family/Household Income At/Below OMB Guidelines
- Underemployed with family responsibilities (earning \$8.50 an hour or less)
- Unemployed with family responsibilities Registered with TWC

ELIGIBILITY STATUS:

Approved Disapproved

EXCLUSIONS:

- 6. Non-Cash Income \$ _____
- 7. Child Support \$ _____
- 8. Public Assistance \$ _____
- 9. Unemployment Benefits \$ _____
- 10. WIA Payments \$ _____
- 11. Capital Gains/Losses \$ _____
- 12. One-Time Unearned Income \$ _____
- 13. Veteran's Active Duty Pay or Allowances \$ _____
- 14. Other \$ _____
- 15. \$ _____
- 16. \$ _____

I certify that the information provided above is, to the best of my knowledge, accurate and true, and that the applicant is a resident according to grant requirements.

 Applicant Signature

 Date

 Case Manager Signature

 Date

 Reviewer Signature

 Date

--VIDA USE ONLY--

STATUS

- Active
- Active/Hold
- Graduated
- Terminated
- Self-eliminated
- ISIS Control Active
- Transition
- Completer
- Transferred

COMPONENT

WIA ELIGIBILITY

--VIDA USE ONLY--

WIA Eligibility Date ___/___/_____

- WIA County:
- Cameron
 - Willacy
 - Starr
 - Hidalgo

- WIA Status:
- Approved
 - Shelter
 - Not Eligible for WIA

- Not Eligible Reason:
- Incomplete Paperwork
 - No Follow-Through
 - Over Income
 - Previously Funded

- College 1:
- STC
 - UTB
 - TSC
 - TSTC
 - UTPA
 - Other: _____

- College 2:
- STC
 - UTB
 - TSC
 - TSTC
 - UTPA
 - Other: _____

College 1 ID#: _____

College 2 ID#: _____

-VIDA USE ONLY-

VIP Date: ___/___/_____

If yes, please check all that apply

- Marisol Rincon
- Ruben Garcia
- Pricila Rubio
- Alma Perez
- Ashley Martinez
- Other_____
- Christina Sedeno
- Norberto Garcia

Alternate Contacts

Contact 1 Information

Emergency Contact? Yes No

Relationship _____

***Full Name** _____

***Phone Number** _____ Secondary Phone # _____

Street Address _____ Apt # _____

City _____ State _____

Email Address _____

What language does this contact speak? English Spanish Other _____

Notes:

Contact 2 Information

Emergency Contact? Yes No

Relationship _____

***Full Name** _____

***Phone Number** _____ Secondary Phone # _____

Street Address _____ Apt # _____

City _____ State _____

Email Address _____

What language does this contact speak? English Spanish Other _____

Notes:

Contact 3 Information

Emergency Contact? Yes No

Relationship _____

***Full Name** _____

***Phone Number** _____ Secondary Phone # _____

Street Address _____ Apt # _____

City _____ State _____

Email Address _____

What language does this contact speak? English Spanish Other _____

Notes:

EMPLOYMENT HISTORY

LIST LAST 2 EMPLOYERS (MOST CURRENT JOB FIRST)

<p>1) COMPANY NAME: _____</p> <p>SUPERVISOR'S NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE: _____</p> <p>(AREA CODE) TELEPHONE: _____</p> <p>STARTING DATE: ___/___/___ ENDING DATE: ___/___/___</p> <p>POSITION TITLE: _____</p> <p>DUTIES: _____</p> <p>BENEFITS: [] DENTAL [] VISION [] HEALTH INSURANCE [] LIFE INSURANCE [] SICK LEAVE [] VACTION [] HOLIDAY [] RETIREMENT [] OTHER</p> <hr/> <p>AVERAGE HOURLY WAGE: \$ _____</p> <p>AVERAGE WEEKLY HOURS: _____</p> <p>IS THIS AN INTERNSHIP? [] YES [] NO</p> <p>STATUS: [] FULL TIME [] PART TIME</p> <p>REASON FOR TERMINATION: _____</p> <p>_____</p> <p>EMPLOYEE NOTES: _____</p> <p>_____</p> <p>AMOUNT OF WAGE GAIN: \$ _____</p> <p>DATE OF WAGE GAIN: ___/___/___</p>	<p>2) COMPANY NAME: _____</p> <p>SUPERVISOR'S NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE: _____</p> <p>(AREA CODE) TELEPHONE: _____</p> <p>STARTING DATE: ___/___/___ ENDING DATE: ___/___/___</p> <p>POSITION TITLE: _____</p> <p>DUTIES: _____</p> <p>BENEFITS: [] DENTAL [] VISION [] HEALTH INSURANCE [] LIFE INSURANCE [] SICK LEAVE [] VACTION [] HOLIDAY [] RETIREMENT [] OTHER</p> <hr/> <p>AVERAGE HOURLY WAGE: \$ _____</p> <p>AVERAGE WEEKLY HOURS: _____</p> <p>IS THIS AN INTERNSHIP? [] YES [] NO</p> <p>STATUS: [] FULL TIME [] PART TIME</p> <p>REASON FOR TERMINATION: _____</p> <p>_____</p> <p>EMPLOYEE NOTES: _____</p> <p>_____</p> <p>AMOUNT OF WAGE GAIN: \$ _____</p> <p>DATE OF WAGE GAIN: ___/___/___</p>
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Monthly Income and Expenses Worksheet

Participant Name _____

Date _____

INCOME

A Income

- 1a Wages - Client if none enter "0" _____
- 1b Wages - household members _____
- 2a Self-Employment - Client _____
- 2b Self-Employment - household members _____
- 3 Interests _____
- 4 Dividends _____
- 5 Rental Income _____
- 6 Retirement _____
- 7a Social Security SSI - Client _____
- 7b Social Security SSI - household members _____
- 8a Workman's Comp / Disability - Client _____
- 8b Workman's Comp / Disability - household members _____
- 9a Veteran's Pay or Allowances - Client _____
- 9b Veteran's Pay or Allowances - household members _____
- 10a other # 1 \$ - Client (explain other) _____
- 10b other # 1 \$ - household members (explain other) _____
- 11a other # 2 \$ - Client (explain other) _____
- 11b other # 2 \$ - household members (explain other) _____

TOTAL INCOME \$ _____

B Assistance

- 1 Refuge Assistance _____
- 2 Housing Assistance _____
- 3 Utilities Assistance _____
- 4 AFDC/TANF _____
- 5 Food Stamps _____
- 6a Child Support - Client _____
- 6b Child Support - household members _____
- 7a UI Benefits - Client _____
- 7b UI Benefits - household members _____
- 8 other assistance _____

TOTAL ASSISTANCE \$ _____

C Financial Aid (enter award/amt in box and mthly amt will populate automatically)

	Total per semester	
1 Scholarships	\$ -	\$ -
2 PELL, SEOG, TPEG Grants		
3 Educational Loans	\$ -	\$ -

TOTAL FINANCIAL AID \$ _____

EXPENSES

D Lodging

- 1 Rent _____
- 2 Mortgage Payment _____
- 2a Est. Property Taxes _____
- 2b Home Insurance _____

TOTAL LODGING \$ -

E Utilities

- 1 Electricity _____
- 2 Gas _____
- 3 Telephone _____
- 4 Water _____

TOTAL UTILITIES \$ -

F Other Expenses

- 1 Food Bill _____
- 2 Car Payment _____
- 3 Gas, Oil, Car Repair _____
- 4 Car Insurance _____
- 5 Child Care/School _____
- 6 Medical _____
- 7 Loan Payment/Credit Card _____
- 8 Clothing/Shoes _____
- 9 Beepers/Cell Phone _____
- 10 Cable or Satellite TV _____
- 11 Misc. Expenses (child support) _____

TOTAL OTHER EXPENSES \$ -

F School - College Expenses

- 1 Tuition, Books, Lab Fees \$ _____
- 2 Othe (Define Below): _____

TOTAL SCHOOL - COLLEGE EXPENSES _____

Total Revenue \$ _____

Total Expenses \$ -

Net Revenue less Expenses \$ _____

I certify that the information I have provided on this form is true and correct to the best of my knowledge. I have been informed I may be liable for repayment of funds received if this information is not true. If any information changes, I will inform VIDA immediately

Applicant Signature _____

Date _____

Counselor Signature _____

Date _____



Veteran Eligibility Form

Name _____

Date of Placement Session _____

Veterans: As defined in 38 USCS § 1101(2), “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

Veteran Dependents: “A spouse, son, daughter, including stepchild or adopted child, and/or parents of a Texas Veteran.”

Surviving Spouses: As defined in 38 USCS § 1101(3), “surviving spouse” means a person of the opposite sex who was the spouse of a veteran at the time of the veteran’s death, and who lived with the veteran continuously from the date of marriage to the date of the veteran’s death and who has not remarried or has not since the death of the veteran, and after September 19, 1962, lived with another person and held himself or herself out openly to the public to be the spouse of such other person.

Select Eligibility

- Veteran** - eligibility will be verified by submitting a copy of the service discharge form (DD-214 or DD-215), indicating service dates and type of discharge; and provides full name, military service number, and branch and dates of service.
- Veteran Dependents** – eligibility will be verified by submitting a copy of dependent spouse’s marriage certificate to veteran; children’s birth certificate or adoption papers; and veteran’s birth certificate to determine parents’ eligibility.
- Surviving Spouses** – eligibility will be verified by submitting a copy of the following:
- 1) Veteran’s marriage certificate to surviving spouse;
 - 2) Veteran’s death certificate if Veteran did not die in a VA health care facility;
 - 3) A copy of veteran’s discharge form (DD-214 or DD-215).
- Not a Veteran**



“This program is supported by a grant from the Texas Veterans Commission Fund for Veterans’ Assistance. The Fund for Veterans’ Assistance provides grants to organizations serving veterans and their families.”