

GETTING AHEAD CLASS PARTICIPANT APPLICATION
A BRIDGES OUT OF POVERTY PROGRAM OF COOPERATIVE CHRISTIAN MINISTRIES & CLINIC

Full Name _____ Date _____

Address _____

City, State Zip _____

Phone (cell) (_____) _____ Birth Date _____

Email _____

Race: African American Caucasian Hispanic Native American Asian
 Pacific Islander Mixed Other _____

Gender: Female Male Other

Please list your children's names and ages if childcare is needed:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Marital Status: Married Single Separated Divorced Widowed

REFERRAL

I was referred to Getting Ahead Hot Springs by: _____

EMPLOYMENT

Place of employment: _____

EDUCATION

Highest grade completed: 1-6 7-8 9 10 11 12
 GED Associate Bachelor Masters

Currently enrolled in (Education Program) _____

Please check all sources of income: Wages SSI Unemployment Child support

GETTING AHEAD INITIAL ASSESSMENT

Please answer

- Yes No I have a checking account Yes No I currently have a job
 Yes No I have a savings account Yes No I have stable housing
 Yes No I have reliable transportation
- Please rank your level of hope (1=lowest to 10=highest) 1 2 3 4 5 6 7 8 9 10

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

- Head Start
 Food Stamps/SNAP
 Free/Reduced School Lunches, WIC
 Academic Financial Aid
 Adult Education (GED)
 Other _____

Place a check next to the areas where you are experiencing difficulties:

- Employment
 Isolation
 Transportation
 Housing
 Training/Education
 Alcohol/Drugs
 Budget
 Child care costs
 Legal
 Health care costs
 Parenting
 Mental health

I certify that the following are true (check):

- I am not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); major crisis has been stabilized.
 I give permission for the CCMC staff to talk to my referring source about my life situation, strengths, and barriers.
 I am willing to participate in a 14-16 week training course. (Approximately 2.5 hours, one evening per week, child care/dinner provided.)

By signing, you are giving CCMC permission to use class work, photos and videos that are taken during this program. You further understand that a background check will be taken for informational purposes, but will not solely disqualify you for participation.

Signature _____ Date _____

This is an application for the Getting Ahead training. It does not guarantee you will be accepted. Thank you for your interest and for taking the time to complete this application. Please return application by mail, fax, or email to:

Getting Ahead
133 Arbor Street
Hot Springs, AR 71901
Phone: 501-318-1153
Fax: 501.623.4556
sbleifus@ccmchs.com

<p>Office use only:</p> <p>Date received: _____</p> <p>Interview scheduled for: _____</p>
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Please Read and Complete the **Background Check Disclosure and Authorization** Form and the **Ouachitas Assistance Network Charity Tracker Release of Information** Form on the following pages

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BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Cooperative Christian Ministries & Clinic (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. The background check company, Apex Employment Investigators (the "Background Check Company"), will prepare the background report for the Company. The Background Check Company is located at 1047 Tom Loyd Cutoff in Malvern, Arkansas and can be reached by phone at 501-282-8594.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 501-318-1153. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents.

STATE SPECIFIC NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that the Background Check Company has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Background Check Company can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Background Check Company. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Background Check Company for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Background Check Company. You may inspect and order a free copy of the report by contacting the Background Check Company.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Background Check Company, and you will be provided with the name and address of the Background Check Company. You may inspect and order a free copy of the reports by contacting the Background Check Company. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Background Check Company for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - . a person has taken adverse action against you because of information in your credit report;
 - . you are the victim of identity theft and place a fraud alert in your file;
 - . your file contains inaccurate information as a result of fraud;
 - . you are on public assistance;
 - . you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to Apex Employment Investigators and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to Apex Employment Investigators and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than Apex Employment Investigators without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct and understand that dishonesty will disqualify me from consideration for participation in the program, or if I am already accepted in the program, that my participation may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth: ____/____/____ (Month/Day/Year)

Addresses Within the Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Signature _____ / /
(Month/Day/Year)

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Shared Case Management Software

RELEASE OF INFORMATION (ROI)

The Ouachitas Assistance Network, hereinafter referred to as "CharityTracker," is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of the Ouachitas (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Cooperative Christian Ministries and Clinic (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

I authorize Cooperative Christian Ministries and Clinic, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Cooperative Christian Ministries and Clinic (Participating Agency), as a Charity Tracker Participating Agency, to share my dependent's basic, identifying, and non-confidential service transactions/information with other CharityTracker participating agencies.

Print First and Last Name

Authorizing Signature

Date _____

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.