

# Welcome to Mi Casa!



This information is used to serve you more effectively and is only used by Mi Casa and our program partners. Please answer all questions to the best of your knowledge. All information is confidential.

## Personal Information

Full Name: \_\_\_\_\_  
*First*
*Middle*
*Last*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mm*
*dd*
*yr*
*mm*
*dd*
*yr*

Address: \_\_\_\_\_  
*Street Address*
*Apartment/Unit #*

\_\_\_\_\_

*City*
*County*
*State*
*ZIP Code*

Primary Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Primary Email Address (Required): \_\_\_\_\_

Alternate Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

What is the best way to contact you?  Phone  Mail  
 Email  Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

## Demographic Information

Gender:  Female  Male  Choose not to Respond  Gender not listed here (specify): \_\_\_\_\_

Marital Status:  Single  Married/ Domestic Partnership  Separated  Divorced  Widowed

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Other (specify) : \_\_\_\_\_

## Household Information

Do you consider yourself head of household?  Yes  No

What is your current housing situation?

Own a Home  Rent Unsubsidized  Rent Subsidized (DHA)  Public Housing  
 Homeless  Live with a friend/relative/other  Live in a shelter  Other: \_\_\_\_\_

How many people do you have living with you in the following age groups **not including yourself**?

	0	1	2	3	4	5	6	7	8
Infants(0-2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers (3-5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-aged (6-12 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers (13-17 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults (18 and over)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors (60+ years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many of the people listed above are your **dependents**?

Minors (0-17 years) \_\_\_\_\_ Adults (18-59 years) \_\_\_\_\_ Seniors (60+ years) \_\_\_\_\_

What is your **primary** source of income?

Employment  Self-employment  Unemployment Benefits  Social Security  
 Public Assistance  Disability Benefits  Retirement  Other: \_\_\_\_\_

What's the total annual income from **all people** in your household, **including your own personal income**?

<input type="checkbox"/> Less than \$2,499	<input type="checkbox"/> \$2,500 - \$4,999	<input type="checkbox"/> \$5,000 - \$7,499	<input type="checkbox"/> \$7,500 - \$9,999	<input type="checkbox"/> \$10,000 - \$12,499
<input type="checkbox"/> \$12,500 - \$14,999	<input type="checkbox"/> \$15,000 - \$17,499	<input type="checkbox"/> \$17,500 - \$19,999	<input type="checkbox"/> \$20,000 - \$22,499	<input type="checkbox"/> \$22,500 - \$24,999
<input type="checkbox"/> \$25,000 - \$27,499	<input type="checkbox"/> \$27,500 - \$29,999	<input type="checkbox"/> \$30,000 - \$32,499	<input type="checkbox"/> \$32,500 - \$34,999	<input type="checkbox"/> \$35,000 - \$37,499
<input type="checkbox"/> \$37,500 - \$39,999	<input type="checkbox"/> \$40,000 - \$42,499	<input type="checkbox"/> \$42,500 - \$44,999	<input type="checkbox"/> \$45,000 - \$47,499	<input type="checkbox"/> \$47,500 - \$49,999
<input type="checkbox"/> \$50,000 - \$52,499	<input type="checkbox"/> \$52,500 - \$54,999	<input type="checkbox"/> \$55,000 - \$57,499	<input type="checkbox"/> \$57,500 - \$59,999	<input type="checkbox"/> \$60,000 - \$62,499
<input type="checkbox"/> \$62,500 - \$64,999	<input type="checkbox"/> \$65,000 - \$67,499	<input type="checkbox"/> \$67,500 - \$69,999	<input type="checkbox"/> \$70,000 +	

## Educational & Professional Experience

Which language are you **most comfortable** with? \_\_\_\_\_ Please list any other languages you are able to **speak, read, and write** : \_\_\_\_\_

English    Spanish    Other \_\_\_\_\_

**What is the highest level educational diploma/degree that you have received?**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Grade K-5     | <input type="checkbox"/> Grade 6-8                             | <input type="checkbox"/> Grade 9-12              | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> GED           | <input type="checkbox"/> Some College                          | <input type="checkbox"/> Technical/ Trade School | <input type="checkbox"/> 2-year degree       |
| <input type="checkbox"/> 4-year degree | <input type="checkbox"/> Advanced Degree (i.e. Ph.D., Masters) | <input type="checkbox"/> Did not attend school   |  |

**Can you legally work in the US?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, I'm a US Citizen                             | <input type="checkbox"/> No, I cannot legally work here |
| <input type="checkbox"/> Yes I can legally work, and I am NOT a US Citizen | <input type="checkbox"/> I prefer not to answer         |

What is your **personal** yearly (pre-tax) income?

**Please complete all sections, and enter "0" if the section does not apply to you.**

1. Formal Employment:	\$	2. Child Support/ Alimony:	\$
3. Self-employment:	\$	4. Friends or Family:	\$
5. Government Assistance:	\$	7. Other (Please specify below):	\$
(TANF, Food Stamps, SSI, Unemployment Benefits, Veteran's Benefits, etc.)			

**THIS LINE IS FOR MI CASA STAFF USE ONLY:**

**Sum the amounts listed in lines 1-7, if any:**    \$ \_\_\_\_\_

## How did you hear about us?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Mi Casa staff   | <input type="checkbox"/> Mi Casa website                      | <input type="checkbox"/> Mi Casa flyer or brochure | <input type="checkbox"/> Mi Casa e-newsletter    |
| <input type="checkbox"/> Que Bueno Radio | <input type="checkbox"/> Hablemos Hoy                         | <input type="checkbox"/> Viva Colorado             | <input type="checkbox"/> Friend or family member |
| <input type="checkbox"/> Denver Post     | <input type="checkbox"/> La Voz Bilingüe                      | <input type="checkbox"/> Facebook                  | <input type="checkbox"/> LinkedIn                |
| <input type="checkbox"/> Twitter         | <input type="checkbox"/> Community Event/Resource Fair: _____ | <input type="checkbox"/> Television: _____         |  |

**Have you ever participated in other programs or services from Mi Casa Resource Center?**     Yes    No

If yes, please provide program names here: \_\_\_\_\_

**Has anyone in your family participated in any Mi Casa programs or services?**     Yes    No

If yes, please provide their names and relation to you below:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

**Do you have a student that attends school at Lake IB, STRIVE Prep, or North High School?**     Yes    No

If yes, please provide each student's name, school, and student ID# below:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_ Student ID: \_\_\_\_\_

## Career Program Information

### Which training program do you want to enroll in?

 Financial Services

 Customer Service

 Customer Services Skills Training

 Do you have a valid, government issued, photo ID?  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

 Do you have a high school diploma or high school equivalency?  Yes  No

What year did you complete your education? \_\_\_\_\_

 If you had a **major or concentration of study** please specify here: \_\_\_\_\_

 If you have any **other training and/or certificates** please list them here: \_\_\_\_\_

**Your most recent employer:** \_\_\_\_\_ Start date: M \_\_\_\_ Y \_\_\_\_

Job title: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ End date: M \_\_\_\_ Y \_\_\_\_

Reason for leaving: \_\_\_\_\_

**Your employer before that:** \_\_\_\_\_ Start date: M \_\_\_\_ Y \_\_\_\_

Job title: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ End date: M \_\_\_\_ Y \_\_\_\_

Reason for leaving: \_\_\_\_\_

**Your employer before that:** \_\_\_\_\_ Start date: M \_\_\_\_ Y \_\_\_\_

Job title: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ End date: M \_\_\_\_ Y \_\_\_\_

Reason for leaving: \_\_\_\_\_

 Do you have any **health limitations** like mobility or problems lifting heavy things that might limit your ability to work in healthcare, financial services, or customer service?  Yes  No

 If yes, please **explain**:

---



---



---



---

#### How will you get to training sessions and/or your new job?

 Car (driving)  Car (riding)  Bus/Light Rail  Walking  Other: \_\_\_\_\_

 Do you **need childcare** during your training sessions or after you get a job?  Yes  No

**Are you currently receiving TANF benefits?**  Yes  No

If yes, BDA's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

**Have you ever lived in any other state besides Colorado?**
 Yes  No

If yes, how old were you when you moved here? \_\_\_\_\_

*age*
**Have you ever been convicted of a felony?**
 Yes  No

If yes, please list conviction, date, sentence, and state:

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*mm dd yy sentence state*
**Have you ever been convicted of a misdemeanor?**
 Yes  No

If yes, please list conviction, date, sentence, and state:

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*mm dd yy sentence state*

## ***Release of Liability***

*I understand the activities may have an element of hazard & inherent danger, & I take full responsibility for the actions & physical condition of myself. I hereby release & forever discharge Mi Casa and Mi Casa's officers, directors & employees of any liability, claim or damage for any injury or loss I may incur by our participation. In the event of an emergency, I give permission to transport myself to a hospital & to secure medical care.*

## ***Media Release***

*Mi Casa likes to share stories of our participants to foster hope and inspiration in the community, as well as giving insight into the work we do. Will you give your consent to Mi Casa & its partners to use photographs, video footage, audio recordings, and written testimonials for the purpose of advertising, marketing, or discussing the organization's work?*

- I agree*** to release any and all media connected to myself to Mi Casa so that they can share my story.
- I do not agree*** to release any and all media connected to myself to Mi Casa so that they can share my story.

## ***Information Sharing***

*Information collected from registration forms, questionnaires, and meetings with staff and partners (such as empowered coaches and the Financial Empowerment Center) may be used confidentially to help Mi Casa and its partners to evaluate and coordinate services. I grant permission to Mi Casa and its partners to share data confidentially among each other and with outside evaluators for the purpose of evaluating and coordinating services.*

*By signing and entering today's date I am certifying that I am the person who has completed the information on this form, that to the best of my knowledge, the information on this registration form is true, and I am aware of the release of liability, information sharing, and media release statements above. Should you or you have a problem or complaint regarding Mi Casa's programming or staff, please contact Mi Casa's Vice President of Programs & Integration at (303) 573-1302.*

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yr

## Confirmation of Identity and Understanding

I understand that is application is not complete until I furnish a Government Issued Photo ID and a Social Security Card to Mi Casa staff in person. I also understand that Mi Casa Resource Center reserves the right to deny participation in any program based on information obtained through background and credit history checks.

I affirm that the information I have provided in this application is true. I am in agreement that the information I have provided may be verified by Mi Casa Resource Center staff for the purpose of the program and/or referrals.

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ mm dd yr

## Release Authorization

Applicant Complete the Following

Grant Coding: \_\_\_\_\_

1. In connection with my application for training, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
3. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.
4. The reporting agencies used by Mi Casa Resource Center are Colorado Bureau of Investigation and HireRight (for out of state criminal inquires.)

Print Full Name: \_\_\_\_\_

Any other names you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, and Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

mm dd yr