

KANZA HUMAN DEVELOPMENT DIVISION - 477 PROGRAM

PARTICIPANT

Name:				D.O.B.:	
Last 4 of Social Security #:					
Street address:					
City:		State:		Zip:	
Male participants over 18: Do you have a selective service number?					#
For contact updates, how would you like to be contacted?					
Email Address:					
Phone:		Cell:		Work:	
Sex:		Race:		Tribe:	
CDIB card:		Are you a Veteran?			
In case of emergency who should we contact?					
Phone:					

EMPLOYMENT STATUS

Employed?	
Name of employer:	
Hourly Wage:	
Last date of employment:	
If you receive any other benefits please list:	

EDUCATION LEVEL

Education level at the time of enrollment/intake:		
Degree/Certificate:		Date received:

SPOUSE

Name:			
D.O.B.:		Last 4 of Social Security #	
Gender:		Race:	
CDIB card		Phone:	

CHILDREN INFORMATION

Name	D.O.B.	Current Grade	Name of School	Tribe

FINANCIAL ASSISTANCE INFORMATION

In the past 6 months have you received assistance with any of the following?

- General Assistance TANF DHHS

CRIMINAL HISTORY

Have you been convicted of a felony?

Some services under the 477- Program are not available to person(s) with felonies, please speak with the case manager about what those services are.

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? PLEASE CHECK ALL THAT APPLY.

- Child Care Education Youth Services/JOM
- Life Skills Employment Training Service Referral
- GED