YouthBuild Rockford Program Application

Thank you for applying to Comprehensive Community Solutions, Inc.’s YouthBuild program. This program offers training and skills development which include:

- academic education/high school diploma
- life skills
- employment skills training
- personal counseling
- positive peer support
- leadership development
- community service
- construction training
- job or school placement
- follow up support

This program is for disadvantaged youth, which includes any of the following: low income, current foster youth or youth aging out of foster care system, youth offender, individuals with disabilities, child of incarcerated parent, or migrant youth.

Recruitment Process: How to apply:
1. Complete an application and return it to us. It is important that you answer all the questions.
2. You will be asked to attend at least two appointments with us on different days:
   - An orientation session and reading/math test
   - A personal interview
3. Before we can determine your eligibility, you’ll need to furnish us with documentation to satisfy the requirements of our program. You should furnish us this documentation as soon as possible. The required documents are:
   - Current state ID or driver’s license
   - Social Security Card
   - Birth Certificate
   - Education verification – copy of your diploma, GED, or a statement that you did not finish school.
   - Other information – proof of other ways you qualify for the program

How we select individuals for the program:
- We must receive all required eligibility documents prior to your interview.
- We utilize a rating system for applicants and will invite eligible applicants to attend an orientation we call Mental Toughness. This is the final stage in the application process.
- We conduct a final evaluation of candidates at the end of Mental Toughness, including a review of your motivation, attendance and participation.
- We then invite finalists to join the program.

If you applied to us before but were not accepted:
- You will need to complete a new application and update any documentation that has expired or is no longer valid.
- You will also need to have an updated academic test completed.

Thank you for your interest in our program. If you have any questions please contact us at:

CCS YouthBuild Rockford: (815) 963-6236
917 S. Main Street, Rockford IL 61101
PLEASE KEEP THIS SHEET

Please bring in this documentation WHEN you submit your application, if possible.
These following items are REQUIRED to determine your eligibility for YouthBuild Rockford:

1. Current state ID or Driver’s License
2. Social Security Card
3. Birth Certificate
4. Education verification, if applicable: we will ask you to sign a document stating you did not finish school and do not have a diploma or GED if you cannot provide a copy of your drop letter.
5. PROVIDE DOCUMENTATION OF AS MANY OF THE FOLLOWING as possible:

Disadvantaged Youth Population verification:

- **Low Income:** Verify youth meets low income guidelines as referenced in 42 U.S.C 1437a(b) through applicable income source
  - Pay Stubs
  - Bank Statement (direct deposit)
  - Employer Statement
  - Tax Return if over 18 or emancipated
  - Public assistance records/receipt LINK or SNAP or TANF Verification
  - Written statement from an individual if in temporary residence or a shelter

- **Youth Offender:** Verify youth is an offender or involved with the criminal justice system
  - Court Documentation
  - Letter from parole/probation officer
  - Police records
  - Resident of a detention facility, group home, or restricted state-run facility
  - Applicant statement

- **Child of an incarcerated parent:** Verify youth is a child of an incarcerated parent
  - Court records
  - Applicant Statement

- **Current foster youth or youth aging out of foster care:** Verify youth is in the foster care system or aging out of the foster care system
  - Court Contact/documentation
  - DCFS contact/documentation
  - Medical Card
  - Verification of payment made on behalf of the youth

- **Youth is an individual with a disability (includes learning disabilities):** Verify disability (an individual with any disability as defined in Section 3 of the Americans with Disabilities Act of 1980)
  - SSA Disability Records Statement
  - Academic records
  - Medical records
  - Physician Statement

- **Migrant Youth:** Verify youth is a migrant youth worker or part of a family with migrant workers
  - Employer statement or Work permits
  - Wage records/family wage records
  - Applicant statement
2019-2020 YouthBuild Rockford Application

Instructions: Please fill out all parts of the application form. If you need help, ask. Your application must be complete in order to consider your eligibility.

Name________________________________________ Date__________

LAST FIRST MIDDLE

Address________________________________________ City ____________ State_______ Zip__________

Phone________________________________________ Email:________________________

_________ home ___________ mobile

Social Security Number_______ - _____ - ______ Date of Birth______________ Age_________

month / day / year

Sex: [ ] Male [ ] Female

U.S. Citizen: [ ] Yes [ ] No

Is English the primary language in your household? [ ] Yes [ ] No _______________

specify language used

How often does communicating in English cause problems for you at work or school?

(Communicating means reading, writing and speaking English.)

[ ] Usually [ ] Sometimes [ ] Seldom [ ] Never

Marital Status: [ ]Never Married [ ]Married [ ]Divorced [ ]Separated [ ]Widowed

Ethnicity:
(primary) [ ]Black/African-American [ ]Hispanic/Latin American [ ]White American

[ ]Asian-American/Pacific Islander [ ]Native American [ ]Other (specify) _______________

Ethnicity:
(secondary) [ ]Black/African-American [ ]Hispanic/Latin American [ ]White American

[ ]Asian-American/Pacific Islander [ ]Native American [ ]Other _______________

Please check which of the following is closest to your household’s yearly income:

[ ] $00 to $5,000 [ ] $20,001 to $25,000

[ ] $5,001 to $10,000 [ ] $25,001 to $30,000

[ ] $10,001 to $15,000 [ ] $30,001 to $35,000

[ ] $15,001 to $20,000 [ ] $35,001 to $40,000

[ ] over $40,000

Living Where: (Check the one that best describes your living situation)

[ ]Halfway House [ ]Homeless Shelter

[ ]Work Release Program [ ]House/Apartment

[ ]Public Housing [ ]Homeless

[ ]Group Home [ ]Other:
Number of people in your household______

Living with parent/guardian [ ]Yes [ ]No

Please indicate if you are receiving any kind of Public Assistance: [ ] Yes [ ] No

If yes, please check those that apply to you:
[ ] AFDC/TANF [ ] SSI [ ] WIC
[ ] SNAP (Food Stamps) [ ] General Assistance [ ] Public Housing/Section 8

Does someone else in your household receive public assistance: [ ]Yes [ ]No

If yes, please check those that apply:
[ ] AFDC/TANF [ ] SSI [ ] WIC
[ ] SNAP (Food Stamps) [ ] General Assistance [ ] Public Housing/Section 8

Children: [ ] No [ ] Yes How many children do you have?______

Living with own children [ ] Yes [ ] No

Please list the names and date of birth of your children: __________________________________________

______________________________

Does your child’s other parent receive AFDC/TANF? [ ] Yes [ ] No

Do you have Child Care? [ ] Yes [ ] No Any Current DCFS involvement[ ] No [ ] Yes

Please list the name of your child care provider/agency: __________________________________________

______________________________

address city State / zip Phone Number

Emergency Contact Person____________________ Relationship to you____________________

Address of emergency contact________________________________________

Home phone number____________Work phone____________

Health Survey:
Do you have any physical, medical or health problems that would prevent you from participating in this program? [ ] No [ ] Yes, If yes please explain:

________________________________________________________________________________________

Date of last physical exam?___________Physician / Clinic / Hospital ________________________

Are you supposed to be wearing eye glasses / contacts? [ ] Yes [ ] No

List any medication being taken (prescription or non-prescription) ______________________________

Do you smoke (cigarettes)? [ ] No [ ] Yes

If you smoke, can you limit your smoking to breaks and lunchtime? [ ] No [ ] Yes

Please read the following list carefully, and check all that apply to you. If you answer yes to any section, describe below.
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<td></td>
<td>tumors/cysts</td>
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<td></td>
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<td>irritability</td>
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</tbody>
</table>

Please explain any YES answers:
___________________________________________________________________________________

**Educational Background:**

What is the name and address of your current or last school:

Name of last school_______________________ City/ State ____________________________

Do you have a High School Diploma or GED Certificate? Yes [ ] No [ ]

If Yes, year graduated (Diploma)_________ OR Yes, year completed (GED)_________

If No, last grade completed____ AND Last year attended_____

If you did not complete high school or get your GED, why did you drop out? (Check all that apply)

[ ] poor grades [ ] pregnancy [ ] lack of interest [ ] incarcerated [ ] expelled

[ ] work (needed money) [ ] suspended [ ] Other (please explain): ____________________________

If you have taken any GED Tests please complete:

Social Studies [ ] No [ ] Yes Date____________________ Where____________________

Science [ ] No [ ] Yes Date____________________ Where____________________

Reading/ LA [ ] No [ ] Yes Date____________________ Where____________________

Math [ ] No [ ] Yes Date____________________ Where____________________

Constitution [ ] No [ ] Yes Date____________________ Where____________________

Have you ever been in another training program? [ ] No [ ] Yes

Name of program____________________ Address____________________

Did you complete this program? [ ] No [ ] Yes

Please list any additional training and/or certificates you may have received (for example: CNA, Life Saving, nail technician, etc.)
____________________________________________________________________________________

Did you take any shop courses in school? [ ] No [ ] Yes, which ones?
____________________________________________________________________________________
Do you plan to continue your education after completing the program?  [ ] Yes  [ ] No
If yes, please check which of the following you may be interested in:
[ ] Community College (2 years degree)  [ ] Professional School  [ ] University (4 year degree)
[ ] Apprenticeship Program  [ ] Other ______________________

Work History:
Have you ever held a job before?  [ ] Yes  [ ] No
Was this job:  [ ] full-time  [ ] part-time  [ ] with a temp service
Are you currently employed?  [ ] No  [ ] Yes (if Yes, fill out section below)

Current Job
Name of company_________________________________________________________
Address of company _______________________________________________________
                                 street                city                state / zip
Phone Number________________________Name of Supervisor_____________________
Dates you worked there from ________________to________________
                    month / year                  month / year
What was the hourly wage? $________________ Job Title_________________________
Number of hours per week: ___________ Did you receive benefits?  [ ]Yes  [ ] No
What kind of work did you do?______________________________________________
Why did you leave?________________________________________________________
Reference available  [ ] Yes  [ ] No

Past Job
Name of company___________________________________________________________
Address of company _______________________________________________________
                                 street                city                state / zip
Phone Number________________________Name of Supervisor_____________________
Dates you worked there from ________________to________________
                    month / year                  month / year
What was the hourly wage? $________________ Job Title_________________________
How many hours per week: ___________ Did you receive benefits?  [ ]Yes  [ ] No
What kind of work did you do?______________________________________________
________________________________________________________________________
Why did you leave?________________________________________________________
Reference available  [ ] Yes  [ ] No
**Construction Experience:**
Have you had any construction or rehab experience? [ ] No [ ] Yes Paid? [ ] Yes [ ] No
How much construction experience do you have? [ ] 6 months or less [ ] 6-12 months [ ] 1 year or more
Please describe this experience. ________________________________________________________________
What types of jobs do you think are available in the field of construction?
__________________________________________________________________________________________
What are you interested in doing for a career? ________________________________________________

**Additional Information**
How did you hear about our program? [ ] Flyer [ ] Relative/Friend [ ] Probation/Parole
[ ] Housing Authority [ ] The Workforce Connection [ ] Court Mandated [ ] Community Center [ ] Other
______________________________________________________________
Do you know how to drive? [ ] Yes [ ] No Do you own a car? [ ] Yes [ ] No
Do you have a valid Drivers/Operators License? [ ] No [ ] Yes any special endorsements?_______
Are you registered to vote? [ ] Yes [ ] No [ ] Not Eligible [ ] Unsure [ ]
Are you registered with Selective Service [ ] Yes [ ] No
U.S. Military Service? [ ] Yes [ ] No ___ If yes, what branch?_______________________________
Type of discharge [ ] Honorable [ ] General [ ] Other: Explain_______________________________
Dates served ______________ to ______________ Rank at discharge______________
  month / year                          month / year

**Criminal History**
Have you ever been arrested? [ ] Yes [ ] No If yes: [ ] Juvenile [ ] Adult
Have you ever been convicted of any crime (other than a traffic offense)? [ ] Yes [ ] No
If yes: [ ] Juvenile [ ] Adult Felony or misdemeanor?________________________
Have you ever been convicted for a violent or weapons offense? [ ] Yes [ ] No
If yes, please list offense(s) and include dates and status of case:______________________________
Are you on probation? [ ] Yes [ ] No [ ] Pending
Are you on parole? [ ] Yes [ ] No [ ] Pending
If yes, when will your probation / parole be over? ______________
  month / year
Name and phone number of probation / parole officer: ________________________________
Do you have any charges pending: [ ] No [ ] Yes, please describe: ______________________________
ESSAY Question
Choose ONE of these three topics and write a 250 word response.

**Topic One:** Choose an organization or a person that you want to help. Why did you choose this organization or person and what talents, abilities, and skills do you have that you could use to help them?

**Topic Two:** What is a positive change you plan on making in your life, and what steps are you undertaking to reach this goal?

**Topic Three:** A moral code is the set of rules that a person uses to determine right or wrong in their own life. In your essay, identify one rule that you believe is important to follow, and explain your reasons for following that rule.