

New Beginnings Application Update



Current New Beginnings students must complete this form and return it to the New Beginnings office with the required documentation, in order to be considered for next semester benefits. If you are receiving Financial Aid, your income will be verified through the VC financial aid office, all other students must provide current verification of household income.

Name: _____ Student ID#: _____ Phone #: _____

Address: _____

Current number of persons in your household: _____

Have there been any changes in your household from last semester? ____ Yes ____ No

If yes, please list (for new members list names & dates of birth):

Total household income (includes child support): _____ Source of income: _____

Major (must be enrolled in a career or technical education program to qualify): _____

Benefits requested: ____ Textbooks ____ Nurse Pack ____ Cosmetology Kit

Choose One: ____ Gas Reimbursement **-OR-** ____ Child Care (provider: _____)

Please submit a copy of your Statement of Student Account (class schedule) for the semester that you are requesting benefits. If you are receiving child care through New Beginnings you must complete the *Workforce Solutions Child Care* application (located on the back of this form) and accept their benefits if eligible.

I, _____, understand that this program only serves students who are enrolled in a career or technical education program and are financially disadvantaged. I give NB staff permission to contact WSCC in regards to my child care, if needed. The information that I have provided on my finances and all other information given is accurate.

Signature

Date

Phone: (940) 552-6291 ext. 2325

Fax: (940) 552-6387

Email: jrobinson@vernoncollege.edu

Office Use Only:

FTI: _____

SSA: _____

FA: _____

WFCC: _____

Revised 11/15

DATE: _____

Workforce Solutions

Child Care NEW / UPDATE

PLEASE CALL BACK IN 60 DAYS!

Case # _____

Phone: 940-723-8774 or 1-800-735-2989

Fax: 940-723-1818

NAME _____ SS optional _____ Gender ____ DOB _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

Are you working, in training or going to school: (Circle One) . . . Explain below:

Employer _____ Phone: _____ **GMI=\$** _____

Approx. Hrs. per week _____ Hr. rate/Salary _____ Contact: _____

How often paid? Weekly _____ Biweekly _____ Twice monthly _____ Monthly _____

Job Title: _____ Duties: _____ Date of Hire: _____

School or Training _____ Major _____ # of current hrs. _____ Class Schedule: _____

Marital Status: (Circle One) Married Single Separated Divorced Widowed Spouse Incarcerated

Hispanic/Latino Yes No

Race: (Circle One) White; Black or African American; American Indian or Alaskan Native; Asian; Hawaiian Native or Pacific Islander

Citizenship: (Circle One) U.S Citizen Refugee/Parolee Permanent Resident Alien Other Eligible Non-Citizen

Is there another adult/caregiver in the home? YES / NO If yes, what relation are they to your children? _____

Are they working, in training, going to school or *disabled (* Dr. statement required)? (Circle One)

Explain below:

NAME _____ SS # _____ DOB _____

Employer _____ Phone: _____

Hr. rate/salary _____ Hrs. worked per week _____

How often paid? Weekly _____ Biweekly _____ Twice monthly _____ Monthly _____ **GMI=\$** _____

School or Training _____ Major _____ # of current hrs. _____

Hispanic/Latino Yes No

Race: (Circle One) White; Black or African American; American Indian or Alaskan Native; Asian; Hawaiian Native or Pacific Islander

Citizenship: (Circle One) U S Citizen Refugee/Parolee Permanent Resident Alien Other Eligible Non-Citizen

How many people live in the home? _____ **Are you or your spouse deployed military** Yes ___ No ___

Do you receive any type of assistance? SSI disability \$ _____ SSI death benefit \$ _____ TANF \$ _____ NONE

List child(ren) name receiving support _____

Do you receive child support? YES NO If yes, Amount/How often? \$ _____

Self-Declared _____ Attorney General _____ List child(ren) name receiving the support _____

If "No" above, have you filed for child support? YES NO **GMI=\$** _____

Does your child(ren) have a disability or special needs? YES NO Receives SSI? Yes or No If yes list child and amount \$ _____

Explain: _____

Are you or your spouse a Qualified Vet? YES NO **FAMILY GMI \$** _____

Highest Grade Completed: _____ **Are you a foster child with a child?** YES NO

CHILD/CHILDREN	U S Citizen Yes or no (If no explain)	Race	Hispanic Yes or no	Gender	Social Security Number optional	Date of Birth