

**ADULT PARTICIPANT ENROLLMENT FORM**

**PARTICIPANT INFORMATION**

Adult Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Female  Male  Transgender  Prefer to self-describe \_\_\_\_\_

Are you of Hispanic, Latino, or Spanish origin?  YES  NO

Race (Please select only one):

- American Indian or Alaskan  Asian  Black or African American  Pacific Islander  White  
 Biracial or Multiracial  Prefer to self-describe \_\_\_\_\_

Highest Level of Education

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> 4-year college degree |
| <input type="checkbox"/> Elementary          | <input type="checkbox"/> Trade/Vocational training  | <input type="checkbox"/> Advanced degree       |
| <input type="checkbox"/> Middle school       | <input type="checkbox"/> Some College               |  |
| <input type="checkbox"/> Some high school    | <input type="checkbox"/> 2-year college degree      |  |

Relationship Status:

- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Married   | <input type="checkbox"/> Single-never married | <input type="checkbox"/> Widowed   |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Divorced             | <input type="checkbox"/> Separated |

**HOUSEHOLD INFORMATION**

Phone (\_\_\_\_) \_\_\_\_\_ Is this a mobile phone?  YES  NO Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Language Spoken at Home:

- English  Spanish  Creole  Mandarin  Arabic  Russian  Other: \_\_\_\_\_

Number of Individuals in the Household? \_\_\_\_\_ How many are children 0 – 17? \_\_\_\_\_ Youth 18 – 24? \_\_\_\_\_

For your current housing, do you:

- Own  Rent  Stay with friends or relatives  Live in temporary shelter  Other: \_\_\_\_\_

Total Household Income:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0-\$15,060      | <input type="checkbox"/> \$30,121 - \$37,650 | <input type="checkbox"/> More than \$60,241 |
| <input type="checkbox"/> \$15,061-\$22,590 | <input type="checkbox"/> \$37,651 - \$45,180 |   |
| <input type="checkbox"/> \$22,591-\$30,120 | <input type="checkbox"/> \$45,180 - \$60,240 |   |

Which, if any, of the following do you or your family currently receive? (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/food stamps) | <input type="checkbox"/> Unemployment Benefits  |
| <input type="checkbox"/> Social Security Disability Income (SSDI)                     | <input type="checkbox"/> State Health Insurance (including children’s health insurance) |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Supplemental Security Income (SSI)                             |
| <input type="checkbox"/> Earned Income Tax Credit (EITC)                              | <input type="checkbox"/> ELC/School Readiness   |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)               | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Head Start/Early Head Start                                  | <input type="checkbox"/> Other: _____   |

**Please tell us anything you think it is important for us to know about you and your family's needs to be happy and successful in this program (e.g., learning disabilities, special needs, other):**

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*I give my permission for this information to be shared with the Children's Services Council of Leon County (CSC Leon), a funder of this program. I understand that I will be asked to complete periodic surveys to measure program quality and impact. All information will remain confidential and participant names will never be associated with the data gathered. Please note that we may contact you via postal mail, email, and/or text to ask about your satisfaction with services and make you aware of other programs, initiatives, and events that may interest you.*

Participant Last Name: \_\_\_\_\_ Participant First Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_