

Financial Foundations

Thriving together in a vibrant community



Financial Foundations staff work with customers to gain the resources and confidence needed to set and achieve short-and long-term goals. Monthly workshops are offered to help individuals improve their financial situation.

Child Development Associate Credential Program Application

Congratulations on exploring the next step in your early childhood education career! Please complete the entire packet and return to John Boner Neighborhood Centers' Front Desk staff.

First Name: _____ Last Name: _____

Email: _____ Phone: (____) _____ - _____

What kind of CDA are you applying for? (*check one*)

- Center-Based Infant/Toddler CDA (ages: birth-3)
 Family Child Care/Home-Based CDA

- Center-Based Preschool CDA (ages: 3-5)
 Undecided

Are you 18 years or older? Yes No

Do you have a high school diploma or GED/HSED? Yes No

On a **separate sheet of paper**, answer **ALL** of the following questions:

1. Why are you interested in pursuing a CDA right now?
2. What challenges/obstacles have you faced when pursuing educational opportunities? What challenges/obstacles are you anticipating while in this Program? What supports do you have in place to help you be successful in this Program?
3. What skills, knowledge and personal attributes do you most hope to grow in the next two to four years? How could this training opportunity contribute to that growth?

Return completed application with supplemental documentation to JBNC Front Desk Staff

Please continue on next page ⇨



JOHN BONER
NEIGHBORHOOD
CENTERS

2236 E. 10th Street - Indianapolis, IN 46201 - P: 317.633.8210 - www.jbncenters.org



**John Boner Neighborhood Centers
Customer Intake Form**

Staff Initials: _____

SECTION A – Personal Information

Name <i>(Last, First, Middle Initial)</i>	Social Security Number	Birth Date <i>(MM/DD/YYYY)</i>
Address or PO Box		Home Phone Number
City, State, Zip		Cell Phone Number
E-Mail Address		Work Phone Number

Emergency Contact Name	Emergency Contact Number	Emergency Contact Relationship to You
Marital Status <i>(circle one)</i> Single (never married) Common Law Divorced Domestic Partner Married living together Married living separately Separated Widowed	Ethnicity <i>(circle one)</i> Hispanic Non –Hispanic Disabled <i>(circle one)</i> Yes No	Race <i>(circle one)</i> African-American / Black American Indian / Alaskan Native Asian Bi-racial Caucasian /White Hawaiian / Pacific Islander Multi-racial Other

Gender *(check one)*
 Female Male Transgender Other

SECTION B – Household Income Information

Income Sources <i>(check all that apply and include dollar amounts)</i>	Total Monthly Income \$ _____
<input type="checkbox"/> No Income	
<input type="checkbox"/> Employment Wages \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> Pension \$ _____	<input type="checkbox"/> Social Security \$ _____
<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> Unemployment Compensation \$ _____
<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> SSI Disability \$ _____

Annual Income: For Past 12 Months, Your **Earned** Income (After taxes) \$ _____
 For Past 12 Months, Your Household Income (Gross) \$ _____

SECTION C – Assistance Request Information

What are you interested in? *(circle primary interest)*

Education / Training Financial Education / Counseling Digital Literacy/Computer Instruction

Income Supports / Public Benefits (rental / utility financial assistance, clothing, food)

Job Placement / Career Development Other: _____

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SECTION D – Household Information

Head of Household (*Single individual with financial responsibility for household that includes dependents*)

(*circle one*) No Yes – Female Yes – Male

Number in Household _____ Number of adults _____ Any children ages 0-17? Yes No If Yes, how many _____

Household Members (*Include yourself*)

Names	Relationship	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living Arrangement (*circle one*)

Homeless Living with Relatives/Friends(*for free*) Permanent Housing: Renting (*subsidized*)
Permanent Housing: Renting (*unsubsidized*) Permanent Housing: Owns Home

Primary Insurance (*circle one*)

Private insurance through household member’s employer Insurance through government program
Private insurance **NOT** through household member’s employer: ___Unsubsidized ___Subsidized (partially or fully)
No insurance at all

Primary Language Spoken in the Home (*circle one*)

Arabic Chinese English Polish Spanish Other: _____

SECTION E – Education Information

Highest Grade Completed (*circle one*)

No High School Diploma High School Diploma GED Some College Associate Degree
Bachelor’s Degree Master’s Degree Doctoral Degree

Vocational Training / Bridge Program History (*circle one*)

No Vocational Training /Bridge Program History Some Vocational Training / Bridge Program History
Completed Vocational Training / Bridge Program

In School / Training Program at time of completing intake form? (*circle one*) No Yes

SECTION F – Employment Information

Are you working at time of completing intake form? (*circle one*) No Yes

If you are currently employed, is this the longest you stayed at one job? (*circle one*) No Yes

If not working, was your last job the job you held the longest? (*circle one*) No Yes

For past 12 months, number of months worked? _____

Military Status (*circle one*) Never Served Active Duty Veteran
Spouse of Active Duty Member Spouse of Veteran

Criminal convictions? No Convictions Convicted of Misdemeanor(s) Convicted of Felony(ies) Unknown

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SECTION G – General Release and Confidentiality Statement

John Boner Neighborhood Centers collects basic information to meet reporting requirements of various funding sources. Your information is combined with information from other center participants and is not reported with your name attached to it. However, staff work as a team at the Boner Center, so some information may be shared among Boner Center staff in order to serve you. We pledge to do our best to maintain confidentiality.

Sometimes we are required to release some information from your file. We realize what you share is important, and you do have the right to ask us not to share information from your file. Please understand that this may affect our ability to enroll you in certain programs and /or provide a service(s). With that in mind, please review the statements below. Please review giving us your permission to release information.

- Crisis assistance – Discuss your bills, status of payments with utility companies, landlords, mortgage company(ies), etc.
- Landlord verification - Verify past rent due, late fees, etc.
- Health related issues - Discuss with your doctor, physical, or mental health as it relates to participation in one or more of our programs
- Financial assistance issues - Credit reports and scores are required to participate in some programs for savings, credit repair, and financial coaching.
- Employment and income verification - Verify your employment, your earnings, hours, and retention. Some programs can only enroll people who are below certain income levels.
- Aggregated data collection - Center participates in national demonstration projects that request the sharing of summary data on Boner Center program customers. In these instances, your name or identifying information is not shared.
- Other: _____

I have read this general release and confidentiality statement, and I agree to let the John Boner Neighborhood Centers share information as necessary to provide me with better service(s). I understand that this agreement will be in effect for the duration of my participation in services with the center. I further understand that upon my request this release of information and confidentiality can and will be amended.

Customer Signature

Date

The John Boner Neighborhood Centers is a not-for-profit organization. Through our annual reporting process, the Boner Center is asked to share aggregated data for those served by the Centers’ many programs. The Boner Center will only share aggregated demographic information with our funders and partners. The aggregated demographic information is not linked to any personally identifiable information that can be used to identify any one person. Out of respect for our customers’ privacy, we present the option to “opt out” of the aggregate data sharing. Please check the box below that corresponds to your willingness to participate.

I Opt IN

I Opt OUT