



FAMILY APPLICATION TO PARTICIPATE IN FAMILY PATHFINDERS

Team (Family Pathfinders Office Use Only)

PLEASE PRINT CLEARLY

Head of Household Name (Last Name, First Name, Middle Initial)				Social Security No.		
Street Address		City		State	Zip Code	County
Home Area Code and Telephone		Work Area Code and Telephone		Cell Phone Number		
Email				Ethnicity		
Name of Another Contact Person		What is the relationship of the Contact Person to you?		Contact Person's Area Code and Telephone		
How should Family Pathfinders contact you? (Check all that apply.) <input type="checkbox"/> Home Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Work Telephone <input type="checkbox"/> Home Visit			Primary Language (Check one.) <input type="checkbox"/> English <input type="checkbox"/> Other (specify): <input type="checkbox"/> Spanish			
Currently Receiving (Check all that apply.) <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid		When do your benefits end? Give Month and Year (mm/yyyy)		Workforce Career Consultant's Name		
Please list all family members currently living in the home. (Use additional pages if needed.)						
RELATIONSHIP TO HEAD OF HOUSEHOLD	NAME	SEX (M/F)	DATE OF BIRTH	HIGHEST GRADE LEVEL COMPLETED		
Head of Household						
Check all that apply:						
For Housing, do you have: <input type="checkbox"/> HUD <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Private						
For Transportation do you use: <input type="checkbox"/> Public <input type="checkbox"/> Own Car <input type="checkbox"/> Arrange Rides						
Education completed: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational						
Training completed: <input type="checkbox"/> Office <input type="checkbox"/> Technical <input type="checkbox"/> Service <input type="checkbox"/> Construction						
Have you ever had a job before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what positions and how long at each?				
If you are currently working, please give the name and address of your employer.						
Employer's Area Code and Telephone		Briefly describe the type of work you do.				
What problems have you had finding and keeping a job?						
What job skills do you have?						
What kind of job would you like to have?						
Have you or any of your dependents ever been convicted of a felony? If Yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No						

AGREEMENTS
(Please read carefully before signing.)

I agree do not agree that my Career Consultant, _____,
from Workforce Solutions for Tarrant County may share my information with Family Pathfinders.

Applicant's Signature _____
Date

I do do not give my permission for my name and phone number to be given to reporters from the news media who may wish to interview me. I understand that my name, my children's names, the fact that my family receives public assistance, and any other information I may give during the interview could be used in news stories in print, radio, and television.

I also agree do not agree for myself and my children to be photographed and/or videotaped and give my permission for such photographs or tapes to be used in news stories or for educational or promotional purposes in connection with the Family Pathfinders program.

I understand that this agreement is voluntary and whether I agree to interviews, photographs, or videotaping will not in any way affect the services and benefits I receive from the Family Pathfinders program.

Applicant's Signature _____
Date

The Family Pathfinders program is committed to the concept of equal opportunity. No participating family member shall be discriminated against based on race, color, national origin, religion, sex, or disability.

While the Family Pathfinders program has attempted to ensure that only qualified organizations and volunteers participate in the program, we do not endorse the positions, beliefs, or opinions of these organizations or volunteers and cannot ensure the quality and safety of the services offered to you.

I understand and agree that if I fail to comply with the policies and procedures of the Family Pathfinders program, I may be removed from Family Pathfinders. Benefits are not affected by participation or removal from the Family Pathfinders program.

I want to apply for Family Pathfinders. I understand that this program is optional and that if I wish to end the relationship with the team, I can call the Family Pathfinders office at any time. As a participant in the Family Pathfinders program, I understand that my name and information will be released to a Family Pathfinders volunteers. I understand that if I participate in the Family Pathfinders program, I still have an obligation to comply with requirements of the Texas Workforce Commission and the Texas Health and Human Services. I understand that I may be matched with a business, non-profit, or faith-based group. I understand that my Social Security Number is required and will be used for tracking purposes. 42 U.S.C. §405 (C)(II)(c)(i).

I understand that Family Pathfinders of Tarrant County does not intend to release or disclose personal information I provide to them as a participant in Family Pathfinders without my permission. However, under certain circumstances, the agency may be required by law to release or disclose certain personal information, such as my name, address, telephone number, and perhaps my Social Security Number.

Applicant's Signature _____
Date

Please return application to: Family Pathfinders
P. O. Box 470869
Fort Worth, TX 76147
817-731-1207 (fax)

For additional information or assistance, call 817-731-1173.