



# Career Family Opportunity

## Preliminary Application

Thank you for your interest in applying to Crittenton Women's Union's **Career Family Opportunity (CFO)** program. To determine your eligibility to participate, please complete this preliminary application and return to the CFO Program, One Washington Mall, 2<sup>nd</sup> floor, Boston, MA 02108, or call our staff at **857-401-2218** within two weeks of receiving the application. If we determine that you are eligible for the program, we will contact you to invite you to complete a full application, submit supporting documentation and meet with a CFO Mentor.

The CFO program does not discriminate on the basis of age, race, ethnicity, gender, sexual orientation, disability or religion.

**To help CFO better assist you, please fully complete this application. Information provided will be kept confidential and will not be shared outside CWU's CFO program.**

Today's Date: \_\_\_\_\_

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
*First* *M.I.* *Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CONTACT INFORMATION

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *State* *ZIP Code*

**Please check the best way to contact you:**

- Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_
- Work Phone: \_\_\_\_\_  Other Phone: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- U.S. Mail: \_\_\_\_\_  
*Mailing address, if different from your home address*

## DEMOGRAPHIC INFORMATION

**Gender (please check):**

- Female       Male       Transgender

**Primary Race (please check):**

- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White       Other:

**Secondary Race (please check):**

- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White       Other:

**Ethnicity:**

- Latino/Hispanic       Non Latino/Hispanic

**Is English your first language?**     Yes     No

If no, what is your primary language: \_\_\_\_\_

Please rate your level of  
English proficiency (circle one):

1  
Low

2

3  
Moderate

4

5  
High

**Do you live in public housing?**

- Boston Housing Authority       Cambridge Housing Authority       Other \_\_\_\_\_

**Name of Development:** \_\_\_\_\_

**Do you have a Section 8 Housing Subsidy?**

- Mobile Voucher       Project Based Voucher

**Name of Housing Authority:** \_\_\_\_\_

**Are you the Head of Household?**     Yes     No

**Are you in good standing with your Housing Authority?** (i.e. rent is current, no problems with lease violations, etc)

- Yes       No
- \_\_\_\_\_

If no, please explain the situation:  
(use an additional sheet if necessary)

**ADDITIONAL HOUSEHOLD MEMBER INFORMATION**

Please list everyone who currently resides in your household, including yourself.

**Full Name:** \_\_\_\_\_  
*First* *M.I.* *Last*

**Is this person your legal dependant?**  Yes  No \_\_\_\_\_  
*Relationship to you* *Date of Birth*

**Monthly Gross Income** \$ \_\_\_\_\_

**Sources of Income<sup>1</sup>:**

**Full Name:** \_\_\_\_\_  
*First* *M.I.* *Last*

**Is this person your legal dependant?**  Yes  No \_\_\_\_\_  
*Relationship to you* *Date of Birth*

**Monthly Gross Income** \$ \_\_\_\_\_

**Sources of Income\*:**

**Full Name:** \_\_\_\_\_  
*First* *M.I.* *Last*

**Is this person your legal dependant?**  Yes  No \_\_\_\_\_  
*Relationship to you* *Date of Birth*

**Monthly Gross Income** \$ \_\_\_\_\_

**Sources of Income\*:**

<sup>1</sup> **Sources of Income:** i.e. Wages, SSI/SSDI, TAFDC, Unemployment, Child Support, Alimony, etc.

Full Name:

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*M.I.*

\_\_\_\_\_  
*Last*

Is this person your legal dependant?  Yes  No

\_\_\_\_\_  
*Relationship to you*

\_\_\_\_\_  
*Date of Birth*

Monthly Gross Income \$ \_\_\_\_\_

Sources of Income\*:

Does anyone in your household receive any of the following public benefits or services? (Please check all that apply.)

Child care voucher

Food Stamps \$ \_\_\_\_\_

*monthly amount*

MassHealth / Medicaid

WIC \$ \_\_\_\_\_

*monthly amount*

Medicare

Other: \_\_\_\_\_

Do you have a High School Diploma or GED?

Yes, issued in the United States

Yes, issued outside the United States

No

Have you ever been charged and/or convicted of a crime?

No

I don't know / not sure

Yes

If yes or if you're not sure, please indicate the charge and explain the situation: \_\_\_\_\_

Do you have legal status to work in the United States?

Yes

No

If yes, are you a:  U.S. Citizen

Legal Permanent Resident

Other immigration status: \_\_\_\_\_

Are you interested in and able to pursue a career that will pay a self-sufficient wage (i.e. a wage that will fully support you and your family)?

Yes

No

