

Café Reconcile

1631 Oretha Castle Haley Boulevard
New Orleans, LA 70113

Office (504) 568-1157 Fax (504) 568-9599

Application Date: _____

Name: _____ Social Security: _____

D.O.B. _____ Age _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

City, State, Zip _____ City, State, Zip _____

Phone # _____ Phone # _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Legal Guardian Info (If different from above)

Name _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____ Work # _____

In Case of Emergency please contact:

Name: _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

OR:

Name: _____

Address _____

City, State, Zip _____

Phone # _____ Cell # _____

Education:

High School Diploma Received (Yes/No) Highest Grade Level Completed _____

GED Currently Enrolled (Yes/No)

Name: _____

Address: _____

City, State, Zip _____

Ethnicity:	Gender:	Employment Status:
Black _____	Male _____	Employed (Yes/ No)
Hispanic _____	Female _____	Where Employed _____
White _____		
Asian _____		
Other _____		

To be completed by student:

Family Situation:

Married (Yes/ No)
 Married with children (Yes/ No) How many? _____
 Number of people in your household _____

Housing Status:

Homeowner (Yes/ No)
 Do you pay rent (Yes/No)
 How much rent do you pay?

Income:

Earned income _____ AFDC _____ SS _____
 Retirement _____ SSI _____ VA _____
 Food Stamps _____ Child Support _____

Personal Issues/Concerns

Do you have a valid Driver's license or state I.D.? Yes No
 Do you have a criminal record? Yes No
 Are you currently on Probation? Yes No
 Are you on Parole? Yes No

Name of Probation Officer? _____ Contact# _____

Name of Parole Officer _____ Contact # _____

Student Goals (Check all that apply)

Improve reading skills _____	Involve yourself in children's life _____
Obtain high school diploma/GED _____	Develop a better relationship with family _____
Attend a college or university _____	Become a homeowner _____
Gain employment _____	Be removed from public assistance _____
Gain life skills _____	Register to vote _____
Other _____	

What factors may prevent your daily attendance of classes/training?

Work schedule _____	Family problems _____
Lack of money for bus tokens _____	Lack of interest _____
Transportation _____	Lack of commitment _____
Childcare _____	Housing _____
Clothing _____	Time conflict with hours of the program _____
No Washer/Dryer at home for uniforms _____	Other _____

If you are employed, please provide a brief description of job and the name of your current manager and employer.

Medical History: To be completed by Parent/Guardian

Do you have a chronic medical condition medical? (Yes/No)

If yes, please explain:

Do you take medication? (Yes/No)

If yes, list the name of the medication and dosage:

Have you ever been involved in an accident? (Yes/No)

If yes, please give details:

Does the child or family have needs at this point, which you would like to see the Café Reconcile Program help address? Yes _____ No _____

Please explain if yes:

Please state you appropriate pant, shirt, belt and shoe size to ensure proper uniform attire for the workplace.

Pant size: _____ Shirt size: _____ Shoe size: _____ Belt Size: _____

*** PLEASE KNOW THAT UNIFORM PURCHASES ARE NOT INTENDED FOR OVERSIZED FITTING.
ANY OVERSIZED FITTING OF UNIFORMS COULD RESULT IN TERMINATION.**

I agree that the above information is true to the best of my knowledge.

Participant's Signature

Date

Parent/Guardian's Signature

Date