

FUTURES

education. employment. enrichment.

4207 Centennial Blvd., Colorado Springs, CO 80907 719-337-9264 futurescolorado.com

FUTURES APPLICATION

FUTURES helps people with disabilities prepare for, obtain, keep, regain or advance in suitable jobs. If you're completing this Applicant Information Packet, then you have or will be scheduling an appointment with a FUTURES Counselor who will help you navigate through our process.

Please complete as much of this form as you can and bring this information with you to your first appointment. You do not need to complete this form to apply for FUTURES services. However, your cooperation with providing as much information as possible will assist with the progress of your FUTURES case. If you need help completing this form, your FUTURES Counselor will assist you. All information is kept confidential.

To be eligible for services you must:

- Have a documented disability that results in difficulty working
- Need FUTURES services to achieve your employment goal
- Intend to go to work in competitive integrated employment

What do you need to apply?

- Valid photo ID and/or proof of legal presence (if 18 and over)

Items that might be helpful for you to bring to your first FUTURES appointment:

- Medical records (medical, psychological, vision, and/or hearing, etc.)
- Individualized Education Plan (IEP), 504 Plan
- Any Social Security letters, and/or Ticket to Work (if receiving)
- High School, college transcripts or certifications
- Any vocational testing like interests tests, Myers-Briggs, etc.
- Resumé or list of jobs held

If you do not have any of the above, FUTURES will work with you to gather any new information needed.

Date and Time of appointment: _____

Office address: _____

Phone: _____

FUTURES Counselor: _____

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FUTURES APPLICATION PAGE 2 *PERSONAL INFORMATION*

SSN _____ Birth Date _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____

Gender: Male Female Prefer Not to Disclose

Previous Last Name _____ Previous First Name _____

Home Address _____ City & State _____

Zip _____ County _____

Mailing Address _____ City & State _____

Zip _____ County _____

Primary Phone _____ Voice TDD Cell Other _____

Second Phone _____ Voice TDD Cell Other _____

Email Address _____

Please identify the race(s) and ethnicity with which you most identify:

- American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
 Middle Eastern or Arab Native Hawaiian or Pacific Islander White Other
 Prefer Not to Disclose

What is your English speaking ability?

- Functional Limited None Unknown

What is your English reading ability?

- Functional Limited None Unknown

What is your primary language?

- American Sign Language English Spanish Other Language: Specify _____

What is your preferred correspondence format?

- Audio Tape Braille Colorado Relay Email Large Print Phone Text Message
 TTY Video Phone Written Communication

What is your preferred alternate correspondence format?

- Audio Tape Braille Colorado Relay Email Large Print Phone Text Message
 TTY Video Phone Written Communication

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FUTURES APPLICATION PAGE 3

Please provide an emergency contact or name of someone who will know how to reach you in the event you lose contact with FUTURES:

Last Name _____ First Name _____ MI _____

Contact Type: Counselor Doctor Emergency Contact

Family Member Friend Guardian* Lawyer Parole Officer

Other _____ Relationship: _____

Address _____ City & State _____ Zip _____

Primary Phone _____ Voice TDD Fax

Secondary Phone _____ Voice TDD Fax

Email Address _____

****If you have a legal guardian, FUTURES will request a copy of the guardianship paperwork.***

Please indicate your current living situation:

Community Residential/Group Home Correctional Facility Mental Health Facility
 Halfway House Homeless/Shelter Nursing Home Other Private Residence Rehabilitation Facility
 Substance Abuse Treatment Center

Please indicate your voter registration status:

I am currently registered to vote and no changes are needed
 I am currently registered to vote but need to update my address
 I am not currently registered to vote and don't want to register
 I am not currently registered to vote, and do want to apply
 I am not eligible to register

What is your current marital status?

Divorced Married Never Married Separated Widowed

Please tell us about who suggested you work with FUTURES:

Organization Name _____

Salutation: Dr. Miss Mr. Mrs. Ms

Address _____ City & State _____ Zip _____

Primary Phone _____ Voice TDD Fax

Email Address _____

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FUTURES APPLICATION PAGE 4 *INCOME AND HOUSEHOLD INFORMATION*

Number of dependents _____ What is your primary source of financial support? _____

Do you receive Public Support (TANF, AND, Food Stamps, etc.)? Yes No

Social Security Disability Insurance (SSDI) Status:

- Applicant – allowed benefits Applicant – denied benefits Applicant – status pending
 Benefits discontinued or terminated Not an applicant Not known if an applicant

Supplemental Security Income (SSI) Status:

- Applicant – allowed benefits Applicant – denied benefits Applicant – status pending
 Benefits discontinued or terminated Not an applicant Not known if an applicant

If you receive any of the following benefits, please estimate the amount of your individual monthly benefit:

SSI Aged \$ _____ SSI Blind \$ _____ SSI Disabled \$ _____ SSDI Disabled \$ _____ VA

\$ _____ TANF \$ _____ General Assistance \$ _____

Worker's Compensation \$ _____ Unemployment Insurance \$ _____

Other Disability \$ _____ Other \$ _____

Medical insurance provider?

- Affordable Care Act Exchange Medicaid Medicaid Buy-In Medicare No insurance
 Not yet eligible for insurance through employer Private Insurance through other means
 Private insurance through own employment Public insurance from other sources

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FUTURES APPLICATION PAGE 5 *EMPLOYMENT*

Date last employed (including year) _____

Are you requesting services from FUTURES to maintain employment? Yes No

Are you currently working? Yes No

WORK HISTORY

Job Title _____

Start Date _____ End Date _____

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Job Duties _____

Hours Worked per Week _____ Salary: \$ _____ per: Hour Week Month Year

Reason for leaving _____

Could you return to this job? _____

How does your disability impact this job? _____

Was a special license required for this job? _____

Could this employer serve as a reference? Yes No Name to be used _____

Job Title _____

Start Date _____ End Date _____

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Job Duties _____

Hours Worked per Week _____ Salary: \$ _____ per: Hour Week Month Year

Reason for leaving _____

Could you return to this job? _____

How does your disability impact this job? _____

Was a special license required for this job? _____

Could this employer serve as a reference? Yes No Name to be used _____

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Job Title _____
Start Date _____ End Date _____
Employer _____
Employer Address _____
City _____ State _____ Zip _____
Job Duties _____
Hours Worked per Week _____ Salary: \$ _____ per: Hour Week Month Year
Reason for leaving _____
Could you return to this job? _____
How does your disability impact this job? _____
Was a special license required for this job? _____
Could this employer serve as a reference? Yes No Name to be used _____

Job Title _____
Start Date _____ End Date _____
Employer _____
Employer Address _____
City _____ State _____ Zip _____
Job Duties _____
Hours Worked per Week _____ Salary: \$ _____ per: Hour Week Month Year
Reason for leaving _____
Could you return to this job? _____
How does your disability impact this job? _____
Was a special license required for this job? _____
Could this employer serve as a reference? Yes No Name to be used _____

Job Title _____
Start Date _____ End Date _____
Employer _____
Employer Address _____
City _____ State _____ Zip _____
Job Duties _____
Hours Worked per Week _____ Salary: \$ _____ per: Hour Week Month Year
Reason for leaving _____
Could you return to this job? _____
How does your disability impact this job? _____
Was a special license required for this job? _____
Could this employer serve as a reference? Yes No Name to be used _____

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FUTURES APPLICATION PAGE 7 OTHER ITEMS RELATED TO EMPLOYMENT

EDUCATION: What is your highest completed level of education? _____

Indicate the name of your program or school where you completed this training _____

**Indicate the start date (MM/DD/YR) and end date of this training (MM/DD/YR) _____

For any education please list any certifications or diplomas you attained as a result _____

Have you ever received services under an IEP (Individualized Education Program) or 504 plan? Yes No

Please indicate any current educational enrollment _____

Indicate the name of your program or school that you are attending _____

Indicate the area of study _____

Indicate the start date (MM/YR) of this training _____

Indicate the expected graduation date of this training _____

If you are currently enrolled in high school are you receiving services under an IEP (Individualized Education Program) or 504 plan? Yes No

Other Program Involvement (special programs) _____

Please list any other community programs or services you are connected with, such as Workforce Centers, Refugee Services, VA, Job Corps, Community Centered Boards, Independent Living Centers, Brain Injury Alliance Center, Youthbuild, etc. _____

DISABILITY INFORMATION: Please describe your disability _____

How do you hope FUTURES can assist you? _____

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FUTURES APPLICATION PAGE 8 *MEDICAL INFORMATION*

Name of the treatment provider (doctor, psychologist, other) who knows about your disability _____

Doctor's phone _____ Doctor's fax _____

Doctor's address _____ Date of last visit _____

Type of treatment _____

Reason for treatment _____

Have you ever been hospitalized? Yes No

Date of last hospitalization _____ What hospital? _____

Reason? _____

Please list prescribed medications and reason prescribed _____

Side Effects _____

If you're not currently taking these medications as prescribed, can you share why? _____

Have drugs and/or alcohol ever impacted your health, interpersonal relationships or employment? Yes No

IF YES, COMPLETE THIS SECTION:

How long have/did you use drugs and/or alcohol? _____

What is the drug of choice? Last date used? _____

Are you willing to receive treatment? Yes No

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FUTURES APPLICATION PAGE 9

WORKERS' COMPENSATION INFORMATION

Date of injury _____ Attorney _____

Attorney Phone _____ Attorney Fax _____

Name of the treatment provider (doctor, psychologist, other) who knows about your claim

Doctor's Phone _____ Doctor's fax _____

Doctor's address _____

Date of last visit _____

Type of treatment _____

Reason for treatment _____

LEGAL INFORMATION

Have you ever been arrested? Yes No

If yes, please explain circumstances _____

Current legal status (check all that apply):

Charges Pending Probation Parole Work Release Community Corrections

Completed Sentence Other(describe) _____

Please provide an explanation _____

Department of Corrections # (if applicable) _____

Probation/parole officer's name _____

Phone _____

Case manager's name _____

Phone _____