



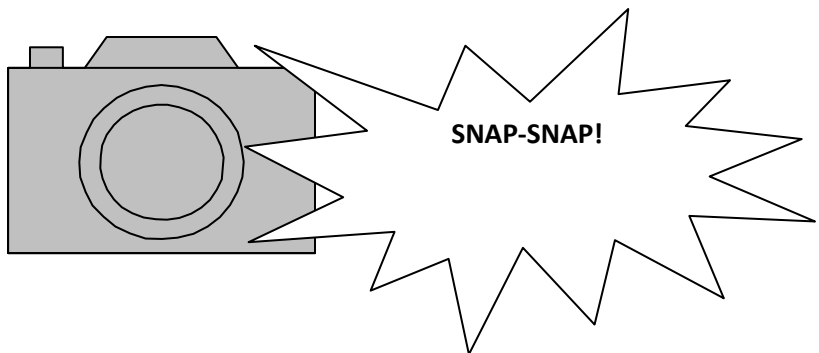
Applicant Name: _____

Time Received (by FEATS staff): _____

Date Received (by FEATS staff): _____

WHAT IS THE FEATS (FAMILY EMPOWERMENT TO SELF-SUFFICIENCY) PROGRAM?

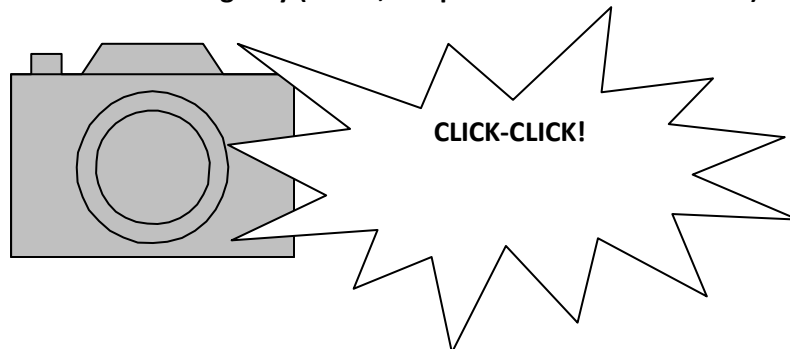
FEATS , as it is commonly called, is a comprehensive goal oriented program designed to assist low-income residents of Durham County to become self-sufficient through education, training, employment opportunities and referral to other appropriate supportive service agencies. The program may offer additional services to individuals and families that qualify. If you believe this is the program for you, Please submit an application.



How do I apply?

Fill out the Program Application and provide the following necessary information upon interview:

1. **Income: SSI Benefits, Unemployment Benefits, Child Support Statements, Check Stubs (3 months prior).**
2. **Current address – Most recent utility bill for proof of residency.**
3. **Names of all household members that are biologically (blood) related, including date of birth.**
4. **Families must have at least one member willing, able, and available to work full time.**
5. **Proof of High School Diploma or GED.**
6. **Current Telephone Number.**
7. **Contact information in case of an emergency (Name, telephone number & address).**



Enrollment Check List

Proof of Identification:

___ 1. NC State ID/ NC State Drivers License

Proof of Income (Which could include any one of the following) ****(For each member of the household: i.e. parents, and additional members of the household).********

___ 1. Child Support Statements

___ 2. W-2 Forms

___ 3. Check Stubs (three months worth)

___ 4. TANF (Work First Letter)

___ 5. SSI Benefits Statement

___ 6. Letters of Monetary Support from a Family Member

Verification of Household Numbers:

___ 1. Provide Number of Family Members in Household that are biologically (blood) related.



FEATS Program Application

For Office Use ONLY: SITE OF ASSESSMENT: OFFICE HOME OTHER

TODAY'S DATE: _____

Name: _____

Date of Birth: _____ Telephone: _____

SSN: _____ - _____ - _____

Address: _____

Street/number city state zip code

Mailing Address: _____

Street/number city state zip code

Contact Person if needed to be reached:

Name Address Phone Number

Are you a US Citizen? (yes) (no)

Ethnicity:

Hispanic?: Yes No Non-Hispanic: Yes No

Primary Language Spoken: _____

Language Information Preferred In: _____

Race:

Asian Black/African-American Native Hawaiian/Pacific Islander

White/Caucasian American Indian or Alaska Native Other _____

Relationship Status:

Single Single-living w/partner Married Divorced

Separated Widowed

Living Situation:

Rental Own Home Shelter Transitional Housing Other ***Does applicant have temporary, unsafe and/or inadequate housing?

Are you a Durham County Resident? (yes) (no)

How long have you lived in Durham? _____ months/years

Number of Family Unit: _____

Do you have any immediate relatives employed at Operation Breakthrough, Inc.?
 (yes) (no)

Education/Employment:

What is your highest level of education completed? _____

Who is/was your last employer? _____

What is/was your last position? _____

Are you currently employed? _____

If no longer working, what was your end date of employment: _____

Primary Insurance:

*Indicate all that apply:

Private Insurance HMO/Managed Care Self Pay Medicaid Medicaid

Number: _____ Other: _____

Family Members in Household:

Household Member (1) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (2) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (3) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (4) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (5) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (6) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (7) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Household Member (8) Name: _____ date of birth: _____
Relationship: _____ Age: _____ Income: _____ Education: _____
Gender: _____ Marital Status: _____

Verification Chart of Household Income Source & Benefits (Financial):

<u>Name</u>	<u>Inc. Type/Source</u>	<u>Start/End Date</u>	<u>Monthly Income</u>	<u>AR4CA Results</u>

Total Monthly Household Income Source & Benefits Received for Verification:

Pay Stub _____ Social Security _____ SSI _____ Child Support _____
 Public Assistance _____ Survivor Benefits _____ SSD _____ Veteran's Assistance _____
 Pension _____ Alimony _____ Long Term Disability _____ Workman's Comp _____
 Food Stamps _____ Other _____ Awards Letter _____

Total Annual Income \$ _____

Applicant Eligible _____ **Applicant Ineligible** _____

*****Staff, please reference the HHS Federal Poverty Guidelines for determination*****

Verification Completed by: _____ Date: _____
 (Staff Signature)

Are you currently working with another agency on goal setting or any other supportive service(s)? _____ Yes _____ No

If so, who is the contact person and their phone number? _____

What type of assistance are you currently receiving from this reported agency?

What type of assistance are you looking to receive from the FEATS Program?

What are steps are you willing to take to obtain self-sufficiency?

How did you hear about the FEATS/CSBG program at Operation Breakthrough, Inc.?

Additional Notes:



Nondiscrimination Policy

Operation Breakthrough, Inc. does not discriminate against any person on the basis of race, color, national origin, disability, or age in participation in our programs, services and activities, or in employment. For further information about this policy, contact Ms. Jessie Parker, Section 504 Coordinator, (919) 688-8111, extension 222, or TTY Number 1-800-735-2962, Voice 1-800-735-8262 or 711.

I, _____ (print), am signing this document to acknowledge my receipt of this information.

Signature

Date

Copies will be provided to the client and client's file personal



CSBG/FEATS Case Disposition

Case Management Recommended: Yes: ____ No: ____

Case Management Accepted: Yes: ____ No: ____

Client Case Assigned to (Case Manager):

Was Case Referred to any Outside Agency? Yes: ____ No: ____

If "Yes", which Agency? _____

****Staff make sure to Search before Entry into Database****