



319 US Route 5 South, Norwich VT 05055  
(802) 649-3268 (800) 639-0039

# 2015-2016 Families Learning Together (FLT) Application

*An educational/training program to enhance parenting, job readiness and life skills.*

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

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Telephone number(s): Primary \_\_\_\_\_ Alternative: \_\_\_\_\_

Email address \_\_\_\_\_

If under 18, name of parent/guardian: \_\_\_\_\_

Parent/Guardian contact information (if different from above): \_\_\_\_\_

## PERSONAL INFORMATION

**Race:**  African-American  Asian  Caucasian/White  Hispanic  
 Native American  Multi-racial (Please specify) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

**Marital Status:**  Single  Married  Living with partner  
 Widowed  Separated/Divorced

**Partner's Name & Age** \_\_\_\_\_

Children's Name(s)	Date of Birth	Social Security Number or Medicaid ID Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you pregnant?  No  Yes – Please list your due date \_\_\_\_\_

Is/Are your child(ren) currently enrolled in childcare?  No  Yes -- Where? \_\_\_\_\_

If your child(ren) is/are between 6 months and 3 years, are you interested in using the FLT childcare?  
 No  Yes (If so, list names and ages of children to be enrolled and complete childcare enrollment form at the end of this application.)

If you will not be using FLT childcare, can you arrange childcare while you are in FLT?  Yes  No

Do you have childcare subsidy in place?  Yes  No

## EDUCATION/WORK

What is the highest grade you completed: \_\_\_\_\_

What was the name of the last school you attended?: \_\_\_\_\_

Please list any other high schools that you have attended: \_\_\_\_\_

Were you on an IEP or 504 plan during school?  No  Yes (For what?) \_\_\_\_\_

Are you involved with any current education program?  No  Yes (Which one?) \_\_\_\_\_

Educational goals: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, where and how long have you been there? \_\_\_\_\_

What jobs have you had in the past? \_\_\_\_\_

What is the longest amount of time you have stayed in one job? \_\_\_\_\_

Employment goals: \_\_\_\_\_

What would be your dream job if you could do anything you wanted to do? \_\_\_\_\_

## FAMILY/COMMUNITY SUPPORTS

Are you currently involved in a program at The Family Place?  Yes  No

If yes, which program? \_\_\_\_\_

Who is your primary contact person? \_\_\_\_\_

Which of the following do you currently have in place?  TANF/Reach Up  Food Stamps  WIC  
 Medicaid  Dr. Dynasaur  HCRS

Are you currently involved with or receiving support services from any other local agency?  Yes  No

If yes, where/with whom? \_\_\_\_\_

What are your current sources of income? \_\_\_\_\_

Are you able to meet your basic needs (food, clothing, etc) with your current income?  Yes  No

Do you have a current driver's license?  Yes  No Do you have a learner's permit?  Yes  No

Do you have a car?  Yes  No Do you have transportation to and from FLT?  Yes  No

What are your current barriers to transportation?

Suspended license  Fines  Need to take CRASH course  Need to take driver's education

Need car repairs  Need a car  Need to register car  Need insurance

Other (please specify) \_\_\_\_\_

Are you living in adequate housing (safe, clean, heated, etc.)?:  Yes  No

Do you feel safe in your current home?:  Yes  No

Do you currently live  In your own home/apartment  In a home you and your partner jointly own/rent

With family members  In a home owned/rented by your partner

In transitional housing  In a home or apartment shared with friends

Currently homeless and living  with friends  in a shelter  in a motel

Currently homeless with no stable place to stay

## FLT PARTICIPATION

FLT includes the following components:

- Worksite participation
- Education (for those who need a high school diploma or those interested in college or other training programs)
- Family Support services through the Children's Integrated Services (CIS) program
- Parenting education & Parenting Lab (with your child[ren])
- Time in the Childcare Classrooms
- Individual therapy (as needed/requested)
- Group therapy
- Physical Education Activities
- Budgeting
- Workplace readiness training
- Classes on life skills and wellness topics
- Other workshop, field trips and educational experiences

Is there anything that would prevent you from participating in all of these components or are there any components that would be a struggle for you?  No  Yes

If you answered yes, please explain \_\_\_\_\_

FLT provides light breakfast snacks and a healthy lunch each day. Please list any food allergies or special dietary needs. \_\_\_\_\_

### *Worksite Preferences*

All participants spend some time in our Child Care Worksite learning about child development, appropriate discipline, and appropriate play and interaction with young children. In addition, participants are assigned to one of our other two worksites – the Kitchen or the Jewelry Studio. All three worksites teach time management, organization, working with others, accepting feedback, and other skills important in a work environment.

Descriptions of the Kitchen and Jewelry worksites are listed below. Please indicate your preference for a worksite.

\_\_\_\_\_ **Kitchen Worksite:** Plan and prepare daily lunch for the FLT program and The Family Place staff. Participants learn nutrition, meal planning, and cooking on a budget.

\_\_\_\_\_ **Jewelry Worksite:** Assist in the production and marketing of our JewelryOs line of jewelry. Participants learn production, marketing, customer service and quality control.

*Please note:* While we make an effort to take participant preferences into account, worksite assignments are based on the needs of the program and the overall goals and needs of all program participants.

### *Individual Therapy*

Please indicate if you are interested in individual therapy or in help accessing substance use treatment services.

- Individual Therapy                       Would like help finding substance abuse counseling  
 Recovery Group (e.g., AA, NA)

**If you are under 18, please be sure your parent completes and signs the attached FLT Parent Information form as part of your application.**

**If you are interested in child care for your child, please be sure to complete the attached childcare application.**

**All participants should complete the attached Emergency Medical Care Permission form.**

### **Return completed applications (and attachments) to:**

Tonya McMurray  
The Family Place  
319 U.S. Route 5 South  
Norwich VT 05055  
Phone: 802-649-3268, ext. 108  
Fax: 802-649-3270  
Email: [tonyam@the-family-place.org](mailto:tonyam@the-family-place.org)



## FLT Parent Information

(To be completed by the parent or guardian of all participants under age 18.  
Please disregard if you are 18 or older.)

### Contact Information

Participant Name: \_\_\_\_\_

Name of parent(s)/guardian(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Email: \_\_\_\_\_

Address \_\_\_\_\_

What is the best way to contact you?  Phone  Email  Text

How would you prefer to receive schedules, transcripts and other written information?

Postal Mail  Email  Other \_\_\_\_\_

Which parent has decision making authority? \_\_\_\_\_

(Please provide a copy of your court approved parentage agreement or custody order.)

Noncustodial Parent's Name: \_\_\_\_\_

Noncustodial Parent's Phone: \_\_\_\_\_

Noncustodial Parent's Email: \_\_\_\_\_

Noncustodial Parent's Address: \_\_\_\_\_

If the noncustodial parent wants to receive schedules, transcripts and other written information, please indicate the best way to provide that information.

Postal Mail  Email  Other \_\_\_\_\_

### Field Trips/Off Campus Activities

On occasion, participants in the FLT program participate in field trips or other offsite activities. Please indicate below if you give permission for your child to participate in activities off The Family Place campus.

Yes, my child has permission to leave The Family Place campus for field trips and other off site activities. I understand I will be provided information about such activities in advance and am responsible for notifying FLT staff if I have any objections to a planned activity.

I would prefer to sign permission slips on a case-by-case basis. Please send individual permission slips home prior to any scheduled off site activities.

### Open Campus Policy

Participants in the Families Learning Together program are expected to remain on campus for the entire FLT day with the exception of one scheduled break and transitions before and after lunch or at the end of the day. During these times, participants are allowed to walk along Olcott Drive and Route 5 to travel between our Olcott building where most classes occur and the main Family Place campus where our dining facility and childcare are located. These break times are not supervised.

**Weather and Other Unplanned Closings**

In general, The Family Place follows the Hartford School District for weather related closings. However, we sometimes close at times when Hartford schools remain open. It is our policy to call participants anytime we will be closed for weather or any other unplanned reason. Please indicate below **the best person** to notify of these closings. (Please indicate only one person. If you list more than one, we will notify the first person listed below.)

- Please notify me at the following number \_\_\_\_\_
- Please notify my child directly at the following number \_\_\_\_\_
- Please notify \_\_\_\_\_ at the following number \_\_\_\_\_

**Communication**

Once we have reviewed your child’s transcript, we will create an educational plan outlining the courses needed to complete the requirements of his/her home high school. We will review this with both you and your child so you understand the plan for their educational needs during the program. At the conclusion of your child’s first 10-week term in the FLT program, we will schedule a meeting with you and your child (and others you choose to invite) to discuss progress within the program. In addition, you may request a meeting at the end of the school year if you have questions about next steps or plans for the following year. We will provide you a copy of your child’s schedule at the beginning of each 10-week term and a copy of his/her transcript at the completion of each 10-week term.

Please feel free to contact us with any questions or concerns you have about your child and his/her participation in the program. We will provide you contact information for your child’s case manager so you can easily reach them for routine questions. In addition, you are always welcome to contact our FLT Coordinator, Helene Meloche; our FLT High School Coordinator, Christopher Ashley; or our onsite therapist, Tonya McMurray.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Emergency Medical Care Permission

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Allergies (Latex, bee stings, food allergies, etc.): \_\_\_\_\_

Reactions: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Medications used routinely: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Doctors name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete this section if you have a child that will be in the FLT childcare or that may be transported in the FLT van. If you have more than one child who will be in the FLT childcare, please use the back of this sheet to provide information for additional children.

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies (Latex, bee stings, food allergies, etc.): \_\_\_\_\_

Reactions: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Medications used routinely: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Doctors name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I authorize TFP staff to administer simple first aid to me and/or my child(ren) when necessary.
2. I authorize TFP staff to obtain emergency medical care and transportation for me and/or my child(ren).
3. In the event of an emergency, the following people may be contacted, and, if necessary, I give permission for these people to assume temporary care of my child(ren) enrolled in the FLT childcare or with me in the FLT van.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Participant (or Parent/Guardian if participant is under 18):

\_\_\_\_\_ Date: \_\_\_\_\_







**The Family Place Child Care Center**

**APPLICATION FORM FOR AGE 6 WEEKS THROUGH 35 MONTHS**

Preferred starting date:   /  /  

Official starting date:   /  /  

Child's complete name: \_\_\_\_\_ DOB:   /  /  

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mother's name (or guardian): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

(Please circle)

Student: YES NO

Program: HS Completion -- GED – ADP—Post Secondary Ed.

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name (or other guardian): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

(Please circle)

Student: YES NO

Program: HS Completion – GED – ADP- Post Secondary Ed.

Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent or guardian signature(s): \_\_\_\_\_ Date:   /  /  

**Return to:**

**The Family Place c/o Helene Meloche, 319 Route 5 S. Norwich VT 05055**

**(802) 649-3268**