



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

Families Learning Together (FLT) Application

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

Today's Date: _____

Name: _____ DOB: _____

Residential Address: _____

Mailing address (if different): _____

Telephone number(s): Primary _____ Alternative: _____

Email address _____

PERSONAL INFORMATION

Race: African-American Asian Caucasian 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	Current Childcare Provider
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Do you need our onsite childcare (for ages 6 weeks to 3 years) in order to be able to participate in FLT?
 Yes No

If yes, please specify the names and ages of the child(ren) you wish to enroll _____

Do you have childcare subsidy in place? Yes No

Have you ever been involved with DCF/DCYF? Yes No

If yes, please describe when and the reasons for their involvement? _____

Do you have a criminal record? Yes No Do you have any current charges? Yes No

If yes, please list charges and dates: _____

EDUCATION/WORK

What is the highest grade you completed: _____

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

Did you have an IEP (Individualized Education Program) when enrolled in school? No Yes

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? _____

What job skills have you already developed?

- Customer Service Organizational Skills General Office Skills Handling Money/Cashiering
 Machinery Assembly Work Housekeeping Punctuality and Dependability
 Writing/Editing Public Speaking Team Work Ability to Work Independently
 Other (Please list): _____

What job skills do you need to develop to reach your employment goal?

- Customer Service Organizational Skills General Office Skills Handling Money/Cashiering
 Machinery Assembly Work Housekeeping Punctuality and Dependability
 Writing/Editing Public Speaking Team Work Ability to Work Independently
 Other (Please list): _____

FAMILY/COMMUNITY SUPPORTS

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

If yes, which program? _____ And, who is your primary contact person? _____

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

If yes, where/with whom? _____

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

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 drivers 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 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 GED or those interested in college or other training programs)
- Healthy Babies services
- Parenting education
- Individual therapy (as needed)
- Group therapy
- Activity time
- 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? 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 worksites teach time management, organization, working with others, accepting feedback, and other skills important in a work environment. Descriptions of individual worksites are listed below.

Place a 1 next to your first choice, a 2 next to your second choice and a 3 next to your third choice.

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

_____ **Child Care Worksite:** Assist in the infant or toddler room of our onsite day care. Participants learn about child development, appropriate discipline, setting routines, and working in a child care setting. **Preference for placement in the child care worksite is given to new and/or pregnant mothers and to participants who have current DCF involvement.**

_____ **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 JewelryO line of jewelry. Participants learn production, marketing, customer service and quality control.

Group and Individual Therapy

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

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

All FLT participants attend group therapy once a week. Groups often focus on a particular topic. Please indicate below which topics interest you:

- Mindful Eating
- Recovering from PTSD
- Anxiety Management
- Domestic Violence
- Coping with Depression
- Other (Please specify) _____
- Loss & Grief
- Mindful Parenting Group

Return completed applications 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



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PROGRAMS			
<input type="checkbox"/> CAC	<input type="checkbox"/> FE	<input type="checkbox"/> FIT	<input type="checkbox"/> FLT
<input type="checkbox"/> 1 ST FE	<input type="checkbox"/> HB	<input type="checkbox"/> I&R	<input type="checkbox"/> PE
<input type="checkbox"/> PG	<input type="checkbox"/> RU	<input type="checkbox"/> CCES	<input type="checkbox"/> WB

Emergency Medical Care Permission

Parent Name: _____ Phone: _____

Home Address: _____

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

Reactions: _____

Special dietary requirements: _____

Medications used routinely: _____

Health concerns: _____

Doctors name: _____ Phone: _____

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/we authorize TFP staff to administer simple first aid when necessary.
2. I/we authorize TFP staff to obtain emergency medical care and transportation.
3. I/we authorize TFP staff to contact my child's physician.
4. I/we authorize the release of medical information concerning my child.
5. If I/we cannot be located, the following people are authorized to assume temporary care of my child.

Please list two emergency contacts who we may contact in event of an emergency:

Name: _____ Phone: _____

Relationship to child: _____ Cell: _____

Name: _____ Phone: _____

Relationship to child: _____ Cell: _____

Signature of Parent/Guardian: _____ Date: _____

Immunization records on file Yes No



The Family Place Child Care Center

APPLICATION FORM FOR AGE 6 WEEKS THROUGH 35 MONTHS

The Family Place Childcare Center is available for FULL TIME enrollment only.

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: _____ 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

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