



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: \_\_\_\_\_

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** \_\_\_\_\_

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

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 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: \_\_\_\_\_

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? \_\_\_\_\_ 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 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 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
- Time in the Childcare Classrooms
- Bonding Time (with your child(ren))
- Individual therapy (as needed)
- Group therapy
- Curves/Yoga/Other Physical 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 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  
☐ Substance Abuse Group (e.g., AA, NA)

### **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  
Email: [tonyam@the-family-place.org](mailto:tonyam@the-family-place.org)



## Emergency Medical Care Permission

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

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

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

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

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

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

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

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

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Please complete this section if you have a child that will be in the FLT childcare. 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 when necessary.
2. I authorize TFP staff to obtain emergency medical care and transportation.
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.

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

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**

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**

**(802) 649-3268**