



Family Futures Downeast Application Form

Admission is open to any parent who resides in Washington County and meets the following criteria:

- Meets income eligibility guidelines
- Has at least one child age seven or younger as of October 15, 2019
- Motivated to increase their education, find employment and be active in their child's education

Selection process: Applications are reviewed as received. Please understand that those families who meet the application criteria will be invited for an Applicant Interview and Open House. Candidates will be invited to participate in the pre-admissions process, including coaching and documentation collection.

I am applying for: University of Maine at Machias
 Washington County Community College

Parent Information	
Name:	
Birthdate:	Gender:
Home Address:	Town:
E-mail:	Cell #:
Home:	Work:
Where is the best place to contact you?	<input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Home <input type="checkbox"/> Work
Is it okay to Text you: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use Facebook Messenger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it okay to contact you by FB? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

Child(ren) Information			
Name	Gender	Date of Birth	Resides with:

*Please keep in mind, in order to qualify at least one child must be under the age of 7 as of October 15.

Are you pregnant at this time? Yes No

If yes, what is your due date: _____



Educational Information:	
Do you have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other degrees or training certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list:	
Have you previously attended college or university classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? (please list college and dates)	
Do you owe money to any college or university?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
How much do you owe?	
Do you have any student loans that are in default?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial & Employment Information:	
Do you participate in any of the following programs? (Check all that apply)	<input type="checkbox"/> SNAP A#: _____ <input type="checkbox"/> TANF Cash Assistance <input type="checkbox"/> FedCAP <input type="checkbox"/> MaineCare (for me) <input type="checkbox"/> MaineCare (for my child)
Are you currently working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many hours per week:	

Why do you want to attend Family Futures Downeast? How do you think that this education will impact your life?

How do you think that your education will impact your child(ren)'s life? Your family as a whole?

How did you hear about Family Futures Downeast?

Friend Flyer Facebook Service Provider Other _____

I was referred to FFD by: _____

Please read the following statement and sign below:

The information in this application is true and correct. I hereby grant permission to Family Futures Downeast to see the release of personal information concerning me from sources reported in this application including, but not limited to: government agencies, educational institutions, and health care providers.

Date:	Signature:
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For office use only:

Received by:	Date:
Interview:	Date:
Financial Verification complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets eligibility criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Please submit Application and Release of Information Form to:

Family Futures Downeast
7 Ames Way
Machias, ME 04654
Phone: 207-255-0983 Fax: 207-255-4987
msloan@sunrisecounty.org
<http://www.familyfuturesdowneast.o>



Release of Information Form

Name:	DOB:
SSN:	Phone:
Home Address:	

I, _____, give permission for Family Futures Downeast staff to share information with the following organizations for the purpose of providing assistance to me and my minor child(ren) _____ (*initial*)

Listed programs and associated personnel may access my academic, educational and any other records that can help determine eligibility for the FFD Program:

Community Caring Collaborative	Axiom Education & Training Center
Downeast Community Partners	Washington County CareerCenters
University of Maine at Machias	Sunrise County Economic Council
Washington County Community College,	Department of Health and Human Services: Office of Family Independence

The only time staff would share information without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A student presenting a danger to themselves or others
- A court order that requires disclosing the information

I also understand that I can revoke this consent at any time. This form is valid for one year from the date listed below.

My signature below indicates my consent.

Date:	Signature:
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