



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, 2020
- Motivated to increase their education, find employment, and be active in their child's education

Application deadline is June 5, 2020.

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

Parent Information	
Name:	
Birthdate:	Gender:
Physical & Mailing Address:	Town:
E-mail:	Cell Phone #:
Home Phone #:	Work Phone #:
Where is the best place to reach 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	

How did you hear about Family Futures Downeast?

Friend Flyer Facebook Service Provider Other _____

I was referred to FFD by: _____

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 expecting a child at this time? Yes No

If yes, what is the child's due date: _____

Do you have children ages 9-13? Yes No

If so, would you need child care for them? (Include names/birthdate)

Does your child(ren) have any educational/disability, health, nutritional, or other needs/accommodations that we should be aware of? If so, please give a brief description:

Educational Information:

Do you have a high school diploma or GED or HiSET? Yes No

Do you have other degrees or training certificates? Yes No

If Yes, please list:

Have you previously attended college or university classes? Yes No

If yes, where? (please list college and dates)

Do you owe money to any college or university? Yes No

If yes, where?

How much do you owe?

Do you have any student loans that are in default? Yes No

Financial & Employment Information:

Do you participate in any of the following programs?
(Check all that apply)

- SNAP A#: _____
- TANF Cash Assistance
- FedCAP
- MaineCare (for me)
- MaineCare (for my child)

Are you currently working? Yes 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?

Please read the following statement and sign below:

The information in this application is true and correct to the best of my knowledge. 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:** _____

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
familyfutures@sunrisecounty.org



Release of Information Form

Name:	DOB:
SSN:	Phone:
Physical/Mailing 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 and participation for the FFD Program:

Community Caring Collaborative	Axiom Education & Training Center
Downeast Community Partners	
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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