



# Membership Application

2204 E. Jackson Street, Hugo, OK 74743  
 580-326-9490      www.liftca.org

## Applicant Information:

Name:

Date:

Residential Address:

City:

State:

Zip Code:

Date of Birth:

Current Age:

U.S. Citizen

Yes

No

E-mail Address:

Home Phone:

Cell Phone:

Facebook Name:

Shirt Size:

Shoe Size:

Gender:

Male

Female

Marital Status:

Single

Married

Do you identify  
as LGBTQ?

Yes

No

Prefer Not to Answer

Ethnicity: Check all  
that apply

African-American

Asian

Hispanic

Native American

Caucasian

Other (Please Specify)

How many total  
people live in your  
home?

Do you have  
children?

Yes

No

# of Children

Does the child(ren)  
live with you?

Yes

No

Do you have  
reliable  
childcare?

Yes

No

If so, who?

Have you been  
homeless in the past  
year?

Yes

No

Which of the following is closest to your <b>households</b> annual income?	\$0 - \$5,000	Current Living Status:	With my family
	\$5,001 - \$10,000		Alone or with roommates (I pay rent)
	\$10,001 - \$15,000		With Friends (Steady)
	\$15,001 - \$20,000		It changes all the time based on who will take me in.
	\$20,001 - \$25,000		Other (Please specify)
	\$25,001 - \$30,000		
	\$30,001 - \$35,000		
	\$35,001 - \$40,000		
More than \$40,000			

Are you a Veteran of the United States Armed Service or the Spouse of a Veteran?	Yes	Do you receive public assistance?	Yes	Are you registered to vote?	Yes
	No		No		No
Do you have food stamps?	Yes	Do you live in public housing?	Yes	Are you or have you ever been in foster care?	Yes
	No		No		No
Are you a migrant youth?	Yes	Are you the child of an incarcerated parent?	Yes		
	No		No	No	

### Emergency Contact Information:

Contact Person:		Relationship to Applicant:	
Address:	State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail:	

### Transportation Information:

Do you have transportation to and from YouthBuild?	Yes	How will you get here daily?			
	No				
Do you have a valid Drivers License?	Yes	Do you own a car?	Yes	Do you have valid car insurance?	Yes
	No		No		No

### Education Information:

Did you drop out of school?	Yes	Highest grade <b>completed</b> in school?	If you enroll in college, will you be a first generation enrollee?	Yes
	No			No
	If yes, when?			

Last School  
Attended:

Why did you drop  
out of school?

## Work History:

Have you ever had a job before?      Yes      No      Where?

Dates you worked this job:      What was your hourly pay?      Why did you leave?

Did you work in the 6 months prior to enrolling in YouthBuild?      Yes      No

**If yes, please answer the following questions.**

Name of Company:      Company  
Phone Number:

Hourly Wage:      Working Status:      Part-Time      Full-Time      Please describe this working experience:

What are you interested in doing as a career?

## Health Information:

Do you have any physical, medical or health problems that can interfere with your work?      Yes      No  
If yes, please describe:

Do you identify as having a disability?      Yes      No      Do you have health insurance?      Yes      No

Do you have Medicaid?      Yes      No      Do you smoke?      Yes      No

**Please note YouthBuild is a SMOKE FREE CAMPUS and smoking is not allowed on any property, work-site or function.**

Do you wear eyeglasses?      Yes      No      Do you have any illegal substance use or abuse issues?      Yes      No

Are you currently in a program for an addiction such as cigarettes, alcohol or drugs?            Yes            No

### Criminal Record Information:

Answering yes to any of the questions below will **NOT** disqualify you from YouthBuild.

Have you ever been arrested?            Yes            No

Do you have any pending warrants/sentencing or court dates?            Yes            No

Have you ever been convicted of a misdemeanor?            Yes            No

Have you ever been convicted of a felony?            Yes            No

Please describe and include all dates and status of cases.

Are you on probation?            Yes            No  
If so, Officer Name

Are you on parole?            Yes            No  
If so, Officer Name

## Estimated Gross Income Computation:

List all household members (including applicant and children). For each individual, list ALL sources of income and amounts for the entire 6 months prior to the application date. You will need to show proof of income (see following pages).

Full Name	Age	Relationship	Income Source	Gross Monthly Income
		<b>Applicant</b>		

## Additional Information:

How did you hear about youth build?

YouthBuild Alumni

YouthBuild Current Student

YouthBuild Staff Member

Social Media

Judge/Justice System

Friend/Family

School System

Other:

## Required Documentation:

**These documents are necessary for enrollment. If you do not have these, we may help you get them after enrollment is approved.**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Photo ID (Driver or Non-Driver)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ School Records/Drop Slip from Last School Attended
- \_\_\_\_\_ Proof of Income i.e., check stub, tax return, food stamp documentation, etc.
- \_\_\_\_\_ Probation/Parole/Court Documentation - IF APPLICABLE
- \_\_\_\_\_ Insurance Card/Medical Card - IF APPLICABLE

By signing this application, I submit that I have answered all of the questions accurately. I understand that false information on this form may be grounds for denial of entry to the program or dismissal from the program. I understand that information in this application will be reviewed and verified. In the event any information is intentionally falsified, by myself, or anyone providing information on my behalf, I understand I may be terminated from the program after acceptance or disqualified before acceptance.

I grant permission to LIFT YouthBuild to verify any and all information contained within this application. LIFT YouthBuild will also be authorized to exchange pertinent information during the application process with any school, health provider, social service agency, employer, youth or criminal justice system that I have come in contact with, in order to evaluate or assist me. All information gathered by LIFT YouthBuild, on my behalf, will remain confidential.

I also give permission for any photos taken during LIFT YouthBuild Program to be utilized for promotional processes.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian if under 18 years old)

\_\_\_\_\_  
(Date)

“This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.”

# LIFT

*Community Action Agency, Inc.*

*Rebecca Reynolds, Executive Director  
William Smith, Board Chairman*

## INCOME VERIFICATION (TDD/TYY #711)

**Date:**

**From:**

**To: YOUTH BUILD**

**LIFT Community Action Agency, Inc.**

**Attn: Jami Reich, Program Director**

**209 North 4<sup>th</sup> Street**

**Hugo, OK 74743**

**jami.reich@liftca.org**

This person is associated with LIFT Community Action Agency, Inc. YouthBuild Program. Please provide information regarding Income and return to the person listed above.

Subject: Verification of Income for the following;

Name:

Last 4 SS:

Address:

### INFORMATION BEING REQUESTED

1. Employment Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Gross Base Pay Rate: Per Hour \_\_\_\_\_ Per Week \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Per  
Month \_\_\_\_\_ Annual \_\_\_\_\_

3. Average Hours per Week: \_\_\_\_\_

Thank you for your cooperation in providing this information to verify income.



209 North 4th Street - Hugo, OK 74743  
www.liftca.org  
Telephone: 580.326.3351 | Fax: 580.326.2305

*This institution is an equal opportunity employer*



# LIFT

*Community Action Agency, Inc.*

*Rebecca Reynolds, Executive Director  
William Smith, Board Chairman*

## DECLARATION OF NO INCOME

I hereby declare that I have not received any income for any months in the current calendar year.

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

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Reasons I have no income for this year is due to: (Please mark all that apply)

Live with Parent or Guardian: \_\_\_\_\_

Attend School: \_\_\_\_\_

Obtaining GED: \_\_\_\_\_

Other: \_\_\_\_\_

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement if I knowingly provide any false information, could result in assistance or services for which I am not eligible.

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

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_



209 North 4th Street - Hugo, OK 74743  
www.liftca.org  
Telephone: 580.326.3351 | Fax: 580.326.2305

*This institution is an equal opportunity employer*

