

(For BREAD PROJECT Use Only)

PRI/PAR

SSI

GA

JAIL/PRO

UNEMPL

Preferred Location: Berkeley Oakland

CALWORKS

REHAB

JOB

Preferred Starting Date: \_\_\_\_\_



Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Where are you living now? (Check all that apply)**

Rent home \_\_\_ Own Home \_\_\_ Staying with relatives \_\_\_ Staying with friends \_\_\_  
Shelter \_\_\_ Homeless \_\_\_ Other (Please specify) \_\_\_\_\_

How many people are in your home? \_\_\_\_\_

How are they related to you? \_\_\_\_\_

**Personal Information**

Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

**Race/Ethnicity (Please check all that apply)**

African American \_\_\_ Asian American \_\_\_ Hispanic American \_\_\_  
Caucasian American \_\_\_ Native American \_\_\_ Pacific Islander/American \_\_\_  
Asian \_\_\_\_\_ Where from? \_\_\_\_\_  
African \_\_\_\_\_ Where from? \_\_\_\_\_  
European \_\_\_\_\_ Where from? \_\_\_\_\_

**If not born in the USA, how long have you been here?** \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_ No \_\_\_

Do you have a Green Card? Yes \_\_\_ No \_\_\_

**Educational Information (Please check the highest grade level completed)**

Below 8th grade \_\_\_ 9th grade \_\_\_ 10th grade \_\_\_ 11th grade \_\_\_ Where? \_\_\_\_\_  
High School Diploma? \_\_\_ GED? \_\_\_  
Some College? \_\_\_ College Diploma? \_\_\_  
Where? \_\_\_\_\_ Major \_\_\_\_\_

**Income Information**

Are you currently employed? No \_\_\_ Yes \_\_\_

If Yes, please answer the 3 questions below:

Employers name: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Number of hours worked per week? \_\_\_

What is your total monthly income? \_\_\_\_\_

How many people live on (or share) your income (including you)? \_\_\_\_\_

Where does your money come from (Please check all that apply)

- \_\_\_ A job ..... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Calworks/TANF/AFDC (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ SSI ..... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ General Assistance .... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Unemployment/EDD (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Pension ..... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Pension ..... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Social security ..... (Specify monthly amount ) \$ \_\_\_\_\_
- \_\_\_ Other ..... (Specify monthly amount ) \$ \_\_\_\_\_

**Emergency Contact Information (Please provide 2 names)**

Name of Contact # 1 ( First Name, Last Name): \_\_\_\_\_

Relationship to you (mother, bother, friend): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contact # 2 ( First Name, Last Name): \_\_\_\_\_

Relationship to you (mother, bother, friend): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Information

Are you able to remain in a standing position for 8 hours? Yes \_\_\_ No \_\_\_

Can you lift 50 pounds? Yes \_\_\_ No \_\_\_

Do you smoke cigarettes? Yes \_\_\_ No \_\_\_

Do you have any health issues we should be aware of? Yes \_\_\_ No \_\_\_

If Yes, please describe:

\_\_\_\_\_

### How did you hear about THE BREAD PROJECT?

\_\_\_ Newspaper ad Which newspaper? \_\_\_\_\_

\_\_\_ Newspaper story Which newspaper? \_\_\_\_\_

\_\_\_ Career or Employment Agency (Please specify name) \_\_\_\_\_

\_\_\_ Youth service program (Please specify name) \_\_\_\_\_

\_\_\_ Friend/relative (Please specify name) \_\_\_\_\_

Where did your friend/relative hear about the program? \_\_\_\_\_

\_\_\_ Rehab program (Please specify name) \_\_\_\_\_

\_\_\_ Recovery program (Please specify name) \_\_\_\_\_

\_\_\_ Berkeley Adult School

\_\_\_ Oakland Adult School

\_\_\_ St. Vincent de Paul Society

\_\_\_ Other (Please specify) \_\_\_\_\_