

Complete and review before adding digital signature.

Returning Client:



Job Coach Initials:

Training Program:

Training Schedule:

Grant Fund

1

Maryland New Directions Intake Form

PLEASE ANSWER ALL THE QUESTIONS

V17: 9/30/2022 revised

NAME:

(FIRST NAME)

(MI)

(LAST NAME)

(SUFFIX)

GENDER:

PHONE #1:

PHONE #2:

NAME OF FRIEND AND PHONE:

ADDRESS:

(STREET)

(CITY)

(STATE)

(ZIP)

DOB:

SSN:

EMAIL:

NATIONAL ORIGIN:

HIGHEST EDUCATION LEVEL COMPLETED:

MARITAL STATUS:

TRANSITIONAL HOME:

VETERAN OR VETERAN SPOUSE:

CRIMINAL BACKGROUND:

UNDER PAROLE OR PROBATION

DATE RELEASED FROM
INCARCERATION:

PAROLE MEETING
DAY/TIME:

SUBSTANCE ABUSE HISTORY:

MENTAL ABUSE HISTORY

VALID DRIVER'S LICENSE

**DO YOU, A FRIEND, OR FAMILY
MEMBER HAVE A HISTORY OF OPIOID
USE OR ANY OTHER SUBSTANCE ABUSE
DISORDER?**

WORKING VEHICLE:

MARYLAND ID:



HOW DID YOU HEAR ABOUT MND?

ARE YOU A TICKET TO WORK HOLDER?

WITH CHILDREN OR DEPENDENTS UNDER 18:

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?

**HOW MANY CHILDREN/DEPENDENTS
LIVE WITH YOU?**

**HOW MANY CHILDREN
UNDER 12?**

DO YOU HAVE CHILDCARE?

DO YOU OWN YOUR OWN HOME?

ARE YOU FACING EVICTION?

***CURRENT INCOME (Check all that apply)**

SALARY/WAGES

SSDI

SNAP/FOOD STAMP

ALIMONY

CASH ASSISTANCE/TCA

OTHER SOURCES:

CHILD SUPPORT

UNEMPLOYMENT

NONE

SSI

SOCIAL SECURITY

WHAT IS YOUR CURRENT MONTHLY HOUSEHOLD INCOME? \$ _____ PER MONTH

DO YOU HAVE HEALTH INSURANCE?:

IDENTIFY EMPLOYMENT BARRIERS:

AGE

EDUCATION

LACK JOB SEARCH/APPLICATION SKILLS

APPEARANCE

EMPLOYMENT HISTORY

☐ LACK OF CONSISTENT PHONE NUMBER

CHILDCARE

FAMILY CIRCUMSTANCES

☐ LACK OF NETWORK

CRIMINAL BACKGROUND

HEALTH

RESUME

COMMUNICATION SKILLS

HOMELESS

SELF ESTEEM

DISABILITY

ILLITERACY

TRANSPORTATION



HOW LONG HAVE YOU BEEN UNEMPLOYED?

CURRENT OR MOST RECENT EMPLOYMENT:

EMPLOYER:

POSITION:

HOURLY WAGE:

HOURS PER WEEK:

START DATE:

END DATE:

BENEFITS:

Medical

Dental

Retirement

Stock

Profit Sharing

Wellness

WORKING ADULTS IN HOUSEHOLD:

MARYLAND NEW DIRECTIONS STAFF HAS VERIFIED THAT THE CLIENT HAS BEEN AFFECTED OR DISPLACED BY THE COVID-19 PANDEMIC.

MARYLAND NEW DIRECTIONS STAFF VERIFIES THAT THE CLIENT HAD BEEN AFFECTED BY THE COVID-19 PANDEMIC IN THE FOLLOWING WAYS:

- | | | |
|-----------------------------|--|-------|
| BUSINESS CLOSED | <input type="checkbox"/> INABILITY TO PAY RENT OR MORTGAGE | OTHER |
| LAID OFF/TERMINATED | <input type="checkbox"/> LOST CHILD/ADULT CARE | |
| R CREDIT SCORE DAMAGE | <input type="checkbox"/> LEFT LABOR FORCE | |
| DECREASE IN WORK HOURS | <input type="checkbox"/> OWN BUSINESS CLOSED | |
| FOOD INSECURITY | YOUTH ADVERSE EXPERIENCE FROM | |
| HEALTH (PHYSICAL OR MENTAL) | HYBRID OR VIRTUAL LEARNING | |

Signature: _____

Date: _____

Problem Solving Procedures

It is Maryland New Directions' policy to treat all employees and clients as fairly as possible. When problems arise, every effort is made to resolve them quickly and justly.

Every employee and client of the organization has the right to present a problem or grievance through the procedures outlined below, free from interference, coercion, restraint, discrimination or reprisal. Provision has been made for a fair and impartial hearing.

If a problem arises, the first step should be to discuss the situation with the supervisor, instructor, or counselor. An alternative to this first step is to discuss the problem with the Program Coordinator, who can work with the person and the supervisor, instructor or counselor to find a fair and speedy solution.

If the settlement is deemed unsatisfactory, the problem may be taken to the Executive Director within seven days of the previous decision. The Executive Director will then arrange a meeting with the parties concerned and seeks resolution within seven days of the request. At the end of that period, the written decision of the Executive Director will be sent to all parties involved. The Executive Director has the authority to make the final decision.

Executive Director – Grace Lee (410) 230-0630

Assurance of Confidentiality

At Maryland New Directions (MND) we are committed to assisting you in achieving success in your career path. All information received will be held in the strictest confidence and will not be shared with any one outside MND without your expressed permission.

To assist you on your journey, we ask that you **PLEASE ARRIVE EARLY for all trainings, virtual and in-person!**

I authorize MND to furnish relevant information to my assigned counselor(s). I understand that the counselor(s) will hold any information disclosed in the strictest confidence and will not be revealed **unless required by law.**

I further understand that the sole exception to this guideline would be if a client's condition indicates that there is a clear and imminent danger to the client, child, or someone else. In this circumstance, MND must take reasonable action to inform responsible authorities.

In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against MND personnel and its host organizations, and other MND Resource Counselors.

I have received and read information above:

Name _____

Date _____

Photo Release Form

I hereby grant Maryland New Directions, Inc. their successors and assigns, and those acting under their permission or upon their authority or those by whom they are commissioned:

- (1) The unqualified right and permission to reproduce, publish, circulate, or otherwise use photographs, videos and/or motion picture of me, and voice reproductions, to the extent as stated above, whether taken in a studio or elsewhere, in black and white or in colors, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world. This authorization expressly covers only the medium directly connected with the employment as stated above and does not include any other usage not specifically mentioned. I hereby waive the right to inspect or approve the finished photograph, films, or tapes or the use to which it may be put or the copy of illustration used in connection therewith.
- (2) Additionally, I waive all my right, title, and interest in and to all negatives, prints, tapes, and reproductions thereof, and I do hereby release the foresaid parties and their successors and assigns, of any and all rights, claims, demands, actions, or suits from which I may or can have against them on account of the use or publication of said photographs and/or motion pictures, videos, or tapes.

I have read and understand the release stated above and do hereby agree to its terms and conditions.

Signed _____

Name _____

(Please print)

Date _____

→ **Baltimore City Residents ONLY, completed next 2 pages:**

BALTIMORE CITY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FAMILY/HOUSEHOLD INCOME VERIFIABLE CERTIFICATION

Information on your annual family or household income is required to determine your eligibility to benefit from some Community Development Block Grant (CDBG) Program assisted activities. Each applicant is required to provide information regarding the number of persons in their family or household including the respective total annual gross income. Information provided is subject to verification by representatives of the City of Baltimore and the U.S. Department of Housing and Urban Development (HUD).

NOTE: "Income" is the total annual income of all family or household members as of the date of application. Income of all persons in the family or household must be included in calculating family or household income whether or not all family or household members receive assistance. Estimate the annual income by projecting the prevailing rate of income of each person at the time assistance is provided to the family or household. Report all income sources that you would include on a Federal income tax return.

INSTRUCTIONS:

- 1) **Circle the number of persons** in your family or household (adults and children, including you).
- 2) **Within the selected column** circle the income limit that is closest to your family or household gross income but is **NOT LESS THAN** your family or household's gross income. Note that household income includes the monies earned and/or benefits received by all household members.
- 3) **Sign and date** the bottom to certify your family or household size and income.

FEDERAL FISCAL YEAR 2022 - CDBG INCOME LIMITS – EFFECTIVE JULY 1, 2022									
<u>FFY 2022</u> <u>Income</u> <u>Limit Area</u>	<u>Income</u> <u>Limit</u> <u>Category</u>	<u>1</u> <u>Person</u>	<u>2</u> <u>Person</u>	<u>3</u> <u>Person</u>	<u>4</u> <u>Person</u>	<u>5</u> <u>Person</u>	<u>6</u> <u>Person</u>	<u>7</u> <u>Person</u>	<u>8</u> <u>Person</u>
BALTIMORE CITY, MD (Baltimore-Columbia-Towson, MD MSA) <u>MEDIAN FAMILY INCOME</u> \$116,100	Extremely Low Income (30% of Median)	\$24,400	\$27,900	\$31,400	\$34,850	\$37,650	\$40,450	\$43,250	\$46,630
	Low Income (50% of Median)	\$40,650	\$46,450	\$52,250	\$58,050	\$62,700	\$67,350	\$72,000	\$76,650
	Moderate Income (80% of Median)	\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750	\$110,900	\$118,050
	Over 80% of Median Income	Over \$62,600	Over \$71,550	Over \$80,500	Over \$89,400	Over \$96,600	Over \$103,750	Over \$110,900	Over \$118,050

Source: U.S. Department of Housing and Urban Development. Data located at: <https://www.huduser.gov/portal/datasets/il/II2022/2022summary.odn>

APPLICANT STATEMENT: By signing this form, I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information as an applicant for federally funded assistance or services, which may include immediate repayment of funds received and /or prosecution under applicable law. I understand that the information on this form is subject to verification by representatives of Baltimore City, HUD or other Federal agencies under the Federal False Claims Act, 31 U.S.C. §3729 et. seq. Upon request, I agree to provide supporting documentation of my family or household gross income including sources.

Applicant Name (Please Print): _____

Current Address: _____ **Zip Code:** _____

Applicant Signature: _____ **Date:** _____

STAFF USE ONLY

The above information has been reviewed to determine applicant's eligibility for assistance.

Staff Name (Print): _____ **Staff Name (Signature):** _____ **Date** _____

Title (Print): _____

**RACE AND ETHNICITY SELF-IDENTIFICATION
DATA COLLECTION FORM**

Please answer the following questions. This information will be used to help determine the range of persons to whom the benefits of this program are made available.

Ethnicity

Do you identify yourself as (select only one):

- _____ Hispanic or Latino
_____ Not Hispanic or Latino

Race

Do you identify yourself as (select one or more):

- | | |
|--|---|
| _____ White | _____ American Indian/Alaskan Native <i>and</i> White |
| _____ Black/African American | _____ Asian <i>and</i> White |
| _____ Asian | _____ American Indian/Alaskan Native |
| _____ Black/African American <i>and</i> White | _____ Native Hawaiian/Other Pacific Islander |
| _____ American Indian/Alaskan Native <i>and</i> Black/African American | |
| _____ Other Multi-Racial Category | |

Family/Household Characteristics (write number that reflects your household composition)

Applicant is female head of household? _____ Yes _____ No

Total family/household size # _____
Person with disabilities # _____
Person 62 years of age or older # _____
Fulltime student age 18 or over # _____
Child(ren) under the age of 18 years # _____

Applicant Full Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

*******STAFF USE ONLY*******

Staff Name (Print): _____ **Staff Name (Signature):** _____

Title (Print): _____ **Date:** _____