

Community Women Against Hardship

PARENT OPPORTUNITY PROGRAM (POP) Application

(Please Print) Date: _____ Female _____ Male _____ Race _____

1. Applicant's Name: _____ Age: _____ Birth Date: _____

2. Present Address: _____ City _____ State _____ Zip _____

3. Phone#: _____ Cell#: _____ Alternate#: _____

4. Alternate Address in case you relocate: _____ Zip: _____

5. Nearest Relative *not* living with you, phone #: _____ Cell#: _____

6. Employer's Name: _____ Phone#: _____ Unemployed _____

7. What was the highest grade level you completed __9th __10th __11th __12th (Any College) _____

8. How many children do you have: _____ How many live in your household _____
List names, ages, grade levels school names, and zip codes of place children are residing:

Name of Children (first & last name)	Age	Grade	School Name	Zip Code

(Use back of paper if necessary)

9. Any children living in your household that you provide for and are not yours? __Yes __No
How many _____ relation to you _____

10. Select at least 3 classes that you believe the *Parent Opportunity Program* can help you in accomplishing:

___ Job Readiness (*build job readiness & communication skills*)
Must have HS Diploma or GED to take this class

___ Let's Talk About Us (*build positive discussion, trust, & improve social skills, interpersonal learning and parenting skills*)

___ Computer Training (*improve basic computer skills*)

___ Jewelry Making (*build creativity skills & self esteem*)

___ Fitness Training (*improve fitness level & outlook*)

___ GED (*improve academic level/educational outlook*)

___ Nutrition (*increase knowledge about eating /living healthier*)

11. You must commit to attending this program and complete at least 3 classes within one year to continue services from CWAH. *Classes are 8 to 12 weeks.*

Your Signature _____ CWAH Staff Signature: _____

Referred By _____ How did you hear about this program _____