

Participant Information

| | | |
|----------------|------------------|----------------------------|
| First Name | Last Name | Opportunity Passport™ # |
| Street Address | City, State, Zip | County |
| Phone | Email | Date of Birth (MM/DD/YYYY) |

Preferred contact method: Phone Text Email

Preferred contact number and/or email address: _____

Background Information

Gender Male Female Other

Race African American/Black Caucasian/White Latino or Hispanic Asian Native American
 Native Hawaiian/Pacific Islander Multiracial Other _____

How did you learn about Opportunity Passport™?

Biological Parent Adoptive Parent Foster Parent Other Relative Friend
 DHS Worker Service Provider Juvenile Court Education/School AMP Member
 Other _____

Current foster care status: In foster care Out of care Aftercare

Living Arrangement: Where are you currently living? (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Living independently by self | <input type="checkbox"/> Group home | <input type="checkbox"/> Supervised apartment |
| <input type="checkbox"/> Living with a friend or roommate | <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Transitional or supportive housing |
| <input type="checkbox"/> Home of birth parents | <input type="checkbox"/> Adoptive home | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Home of another relative | <input type="checkbox"/> Home of a family friend | |
| <input type="checkbox"/> Foster family home | <input type="checkbox"/> School dorm/campus housing | |

Marital Status: Single Married Divorced

Children: How many children do you have? _____

If you have children, how many of them live with you? _____

Have you ever attended an AMP meeting? No Yes

Are you interested in developing leadership skills? No Yes

Supportive Adult Contacts

List contact information for the primary adult who will support your participation in Opportunity Passport™.

Primary Adult Contact:

First Name Last Name Relationship to You

Street Address City, State, Zip

Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™? Yes No

List contact information for at least one other different adult who would know how to reach you if you moved.

Primary Adult Contact:

First Name Last Name Relationship to You

Street Address City, State, Zip

Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™? Yes No

Secondary Adult Contact:

First Name Last Name Relationship to You

Street Address City, State, Zip

Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™? No Yes

Education

Are you currently enrolled in school? Yes, full-time Yes, part-time Not enrolled

If enrolled, type of school:

- | | | |
|--|--|--|
| <input type="checkbox"/> Junior high/middle school | <input type="checkbox"/> Vocational school | <input type="checkbox"/> Graduate school |
| <input type="checkbox"/> High school | <input type="checkbox"/> Community college | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> GED/HiSet | <input type="checkbox"/> 4-year college/university | (specify) |

Highest grade completed at this time: _____

Which of the following, if any, have you completed?

- | | | |
|---|--|--|
| <input type="checkbox"/> GED/HiSet or High School Diploma | <input type="checkbox"/> 2-year college degree | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> 4-year college degree | |
| | <input type="checkbox"/> Some graduate school | |

Employment

What best describes your current employment situation? (select one)

- Employed more than full-time (more than 40 hours per week)
- Employed full time (average 30 or more hours per week)
- Employed part-time (average less than 30 hours per week)
- Unemployed, currently seeking employment
- Unemployed, not seeking employment
- Disabled, not seeking employment
- In school or job training program and working
- In school or job training program and not working

If working, what is your current rate of pay? Per hour? _____ or per week? _____

About how much do you expect to earn from working this year? _____

Name of Employer _____

Banking Information & Asset Goal

Do you have an open account? No Yes

If yes, what type of an account do you have? Checking Savings Other

Name of Bank/Credit Union: _____ City: _____

What is your asset goal?

- | | |
|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Micro-enterprise |
| <input type="checkbox"/> Health | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Credit Building |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Other _____ |

Enrollment Commitments

I understand that to participate in Opportunity Passport™ I must:

- _____ Open an Opportunity Passport™ savings account within 30 days from the time I complete Financial Capability Training.
(initial)
- _____ Complete the on-line Opportunity Passport™ Participant Survey each April and October.
(initial)
- _____ Notify my provider **and** the Youth Policy Institute of Iowa of any changes to my contact information.
(initial)
- _____ I agree that all information learned or obtained because of participating in Opportunity Passport™ will be kept confidential
(initial) within the Opportunity Passport™ partner organizations and its evaluators.
- _____ I agree to maintain a minimum of \$65 in my Opportunity Passport™ account.
(initial)

My signature below certifies that all information provided on this enrollment form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Participants under age 18 must have the consent of a parent or legal guardian:

My signature below certifies that I am a parent or guardian for the minor on this enrollment form and that I consent to the minor's participation in Opportunity Passport™. I also certify that all of the information provided on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Relationship to Participant: _____

Submit completed form to:

Teresa White
Four Oaks Dubuque
180 W 15th St Dubuque, IA 52001
Email: twhite@fouroaks.org
Phone: (563) 557-3100
Fax: 866-292-7260

For Youth Policy Institute Office Use Only

Date received: _____ Reviewed by: _____

Dates attended FCT _____ Data Entered into OPDS Initials _____

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). Opportunity Passport™ is coordinated in Iowa by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.