
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:

Holly Dommer

American Home Finding Association

217 East 5th St.

Ottumwa, IA 52501

Email: hdommer@ahfa.org

Phone: (641) 682-3449

Fax: (641) 682-5049

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.