

**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)**

Living independently by self     Group home     Supervised apartment

Living with a friend or roommate     Emergency shelter     Transitional or supportive housing

Home of birth parents     Adoptive home     Homeless

Home of another relative     Home of a family friend

Foster family home     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

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**Supportive Adult Contacts**

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

**Primary Adult Contact:**

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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

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

**Primary Adult Contact:**

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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:**

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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:

**Debbie Fitkin**

Four Oaks Waterloo  
128 S. Barclay St.  
Waterloo, IA 50703

**Email:** [wdfitkin@fouroaks.org](mailto:wdfitkin@fouroaks.org)

**Phone:** (319) 233-5695

**Fax:** (866) 302-4384

***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](http://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.