

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 Cell Phone Text Message 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 InSight Member

Other _____

Current foster care status: In foster care Out of care PAL/Aftercare Don't Know

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 Emergency Shelter

Home of birth parents Adoptive Home Transitional or Supportive Housing

Home of another relative Home of a family friend Homeless

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? _____

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
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Street Address	City, State, Zip
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Phone (specify type)	Alternative Phone (specify type)	Email
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May we contact this person about your participation in Opportunity Passport™? Yes No

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

Secondary Adult Contact:

First Name	Last Name	Relationship to You
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Street Address	City, State, Zip
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Phone (specify type)	Alternative Phone (specify type)	Email
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May we contact this person about your participation in Opportunity Passport™? Yes No

Secondary Adult Contact:

First Name	Last Name	Relationship to You
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Street Address	City, State, Zip
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Phone (specify type)	Alternative Phone (specify type)	Email
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May we contact this person about your participation in Opportunity Passport™? Yes No

Education

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

If enrolled, type of school:

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

Highest grade completed at this time: _____

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

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

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)
- 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? _____

Banking Information & Asset Goal

Do you have an open account? Yes No

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

Name of Bank/Credit Union: _____ Address: _____

What is your asset goal?

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

Enrollment Certification

I understand that to participate in Opportunity Passport™ and have my savings matched for the purchase of approved assets, I must:

_____ Open a savings account at the MidWestOne within 30 days from the time I complete Financial Capability (initial) Training.

_____ 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 or my Opportunity Passport™ savings account.

_____ I agree that all information learned or obtained as a result of participating in Opportunity Passport™ will be kept confidential (initial) within the Opportunity Passport™ partner organizations and evaluators.

Certification

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

Vicky Riniker

Young House Family Services

Self Sufficiency Advocate

400 S. Broadway St.

Burlington, IA 52601

Email: vriniker@younghouse.org

Phone: 319-752-4000 ext. 120

For Young House Family Services Office Use Only

Date received: _____ Reviewed by: _____ Initials _____

Bank/Credit Union Information verified

Asset purchase processed

Data Entered into OPDS

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.