Enrollment Form

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
**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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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to You</th>
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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 different adult who would know how to reach you if you moved.*

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

**Secondary Adult Contact:**

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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:  
- □ Junior high/middle school  
- □ High school  
- □ GED/HiSet  
- □ Vocational school  
- □ Community college  
- □ 4-year college/university  
- □ Graduate school  
- □ Other __________________ (specify)

Highest grade completed at this time: ____________________

Which of the following, if any, have you completed?  
- □ GED/HiSet or High School Diploma  
- □ Some college  
- □ 2-year college degree  
- □ 4-year college degree  
- □ Some graduate school  
- □ 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)  
- □ 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?  
- □ Housing  
- □ Health  
- □ Education and Training  
- □ Vehicle  
- □ Micro-enterprise  
- □ Investment  
- □ Credit Building  
- □ 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 within the Opportunity Passport™ partner organizations and its evaluators.  
(Initial)

_____ 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:

Renae Koth  
Foundation 2  
1450 Boyson Road Suite B5  
Hiawatha IA 52233  
Email: RKoth@foundation2.org  
Phone: 319-368-3376

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.