# Enrollment Form

## Participant Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Opportunity Passport™ #</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip</th>
<th>County</th>
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<thead>
<tr>
<th>Phone</th>
<th>Email</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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**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
- [ ] School dorm/campus housing
- [ ] Foster family home

**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:

<table>
<thead>
<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.**

Primary Adult Contact:

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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  ☐ Vocational school  ☐ Graduate school  
☐ High school  ☐ Community college  ☐ Other ________________  
☐ GED/HiSet  ☐ 4-year college/university  

Highest grade completed at this time: ________________

Which of the following, if any, have you completed?  
☐ GED/HiSet or High School Diploma  ☐ 2-year college degree  ☐ Graduate degree  
☐ Some college  ☐ 4-year college degree  ☐ 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?  
☐ Housing  ☐ Micro-enterprise  
☐ Health  ☐ Investment  
☐ Education and Training  ☐ Credit Building  
☐ Vehicle  ☐ 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.
- Complete the on-line Opportunity Passport™ Participant Survey each April and October.
- Notify my provider and the Youth Policy Institute of Iowa of any changes to my contact information.
- 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.
- I agree to maintain a minimum of $65 in my Opportunity Passport™ account.

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 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.