



# ~Application for Admission

Mail to: Wellspring House, Inc.  
MEDICLERK PROGRAM  
302 Essex Avenue  
Gloucester, MA 01930

**For office use only**  
Enrolled: start date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt/Suite # City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ x- \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Social Security Number \_\_\_\_\_

Marital Status: Single/Never married \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
Domestic Partner \_\_\_ Other: \_\_\_\_\_

Ethnicity: Hispanic /Latino \_\_\_ Non-Hispanic/Latino (other) \_\_\_

Primary Race: American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_

Secondary Race: (please check one if applicable):

American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_

## **Participant**

Age at Application: \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ Are you legally able to work? Yes \_\_\_ No \_\_\_

Have you ever participated in other Wellspring programs? Yes \_\_\_ No \_\_\_ If yes, which ones? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

## **Education / Skills**

Have you gone to school since High School? Yes \_\_\_ No \_\_\_ If **yes**, name of the school? \_\_\_\_\_

Course of study/major: \_\_\_\_\_ Did you earn a degree? Yes \_\_\_ No \_\_\_

If yes, please describe the degree \_\_\_\_\_

**Household Information**

Were you able to pay your housing and utility costs on time this month? Yes \_\_\_\_ No \_\_\_\_  
(If you were not, you can call 978-281-3558 x318, a Wellspring House resource, to see if you qualify for assistance.)

**Monthly Income (worksheet)**

- Wages \$ \_\_\_\_\_
- Alimony \$ \_\_\_\_\_
- SSDI \$ \_\_\_\_\_
- SSI \$ \_\_\_\_\_
- Food Stamps / SNAP \$ \_\_\_\_\_ please complete SNAP Referral Form
- Welfare / TAFDC \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_ please describe: \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_ x 12 months = **Total Annual Income** \$ \_\_\_\_\_

Do you live with someone else and share expenses? Yes \_\_\_\_ No \_\_\_\_ Single Head of Household? Yes \_\_\_\_ No \_\_\_\_

Total number in your household \_\_\_\_\_ Total number of **children** in your household under age 18 \_\_\_\_\_

First name of children & ages? Name \_\_\_\_\_ Age \_\_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_\_, Name \_\_\_\_\_ Age \_\_\_\_\_

**Household Gross Income: (check one)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$20,550 or less  | <input type="checkbox"/> \$39,151 – 44,050 | <input type="checkbox"/> \$65,001 – 70,200 |
| <input type="checkbox"/> \$20,551 – 23,500 | <input type="checkbox"/> \$44,051 – 45,500 | <input type="checkbox"/> \$70,201 – 75,400 |
| <input type="checkbox"/> \$23,501 – 26,450 | <input type="checkbox"/> \$45,501 – 48,900 | <input type="checkbox"/> \$75,401 – 80,600 |
| <input type="checkbox"/> \$26,451 – 29,350 | <input type="checkbox"/> \$48,901 – 52,000 | <input type="checkbox"/> \$80,601 – 85,800 |
| <input type="checkbox"/> \$29,351 – 31,700 | <input type="checkbox"/> \$52,001 – 52,850 | <input type="checkbox"/> \$85,801 or over  |
| <input type="checkbox"/> \$31,701 – 34,050 | <input type="checkbox"/> \$52,851 – 56,750 |  |
| <input type="checkbox"/> \$34,051 – 34,250 | <input type="checkbox"/> \$56,751 – 58,500 | (effective 12/11)                          |
| <input type="checkbox"/> \$34,251 – 36,400 | <input type="checkbox"/> \$58,501 – 60,650 |  |
| <input type="checkbox"/> \$36,401 – 38,750 | <input type="checkbox"/> \$60,651 – 64,550 |  |
| <input type="checkbox"/> \$38,751 – 39,150 | <input type="checkbox"/> \$64,551 – 65,000 |  |

**Most Recent Employment Information**

We know that it's uncomfortable to be asked about your finances. We ask you these questions partly to understand your current financial situation and partly to assist Wellspring in getting the money to make programs like this possible.

**Please list present or most recent employment first**

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Hourly Rate: \$ \_\_\_\_\_ Ending Hourly Rate: \$ \_\_\_\_\_

Position Held: \_\_\_\_\_ Duties Performed: \_\_\_\_\_

How many hours per week are/were you working? \_\_\_\_\_ If left the position, reason for leaving? \_\_\_\_\_



