



MediClerk Training Program Application for Admission

Date of Application: _____

First Name _____ MI _____ Last Name _____

Address _____

Street
Apt/Suite #
City
State
Zipcode

Home Phone _____ Work Phone _____ X- _____

Cell Phone _____ Email _____

Do you have a high school diploma? Yes ___ No ___ Do you have a HiSET? Yes ___ No ___ N/A ___

Have you ever participated in other Wellspring House programs? Yes ___ No ___ If yes, which ones? _____

How did you hear about us?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Action, Inc. <input type="radio"/> MASSHIRE/Career Center _____ <input type="radio"/> Community Organization _____ <input type="radio"/> Counselor / Therapist _____ <input type="radio"/> Department of Children and Families <input type="radio"/> Department of Transitional Assist (DTA) <input type="radio"/> Flyer around the community _____ <input type="radio"/> Friends / Family _____ <input type="radio"/> Gloucester District Court <input type="radio"/> Gloucester Housing Authority (GHA) <input type="radio"/> HAWC | <ul style="list-style-type: none"> <input type="radio"/> Health & Education Services (HES) <input type="radio"/> Mass Rehab <input type="radio"/> Newspaper: _____ <input type="radio"/> North Shore Medical Center <input type="radio"/> Pathways <input type="radio"/> Radio _____ <input type="radio"/> School _____ <input type="radio"/> TV (cable, local, etc.) <input type="radio"/> Wellspring House Newsletter <input type="radio"/> Wellspring House _____ <input type="radio"/> Other _____ |
|--|---|

Are you working? Y ___ N ___ Where? _____ Hours a week? **1-5 6-20 21-30 31-40+**

Are you receiving SNAP (Food Stamps) Y ___ N ___ Are you receiving TAFDC (Welfare) Y ___ N ___

Date of Birth _____ Male ___ Female ___ Social Security Number _____

Marital Status: Single/Never married___ Married___ Divorced___ Separated___ Widowed___
Domestic Partner ___ Other: _____

The following information will not affect your eligibility for this program. If you prefer not to answer, the agency representative accepting this form may complete this portion via observation.

Ethnicity: Hispanic or Latino: Yes___ No ___ **whether yes or no, you must still check one race category below*

Race:

White___ American Indian /Alaskan Native & White ___

Black/African American ___ Asian & White ___

Asian ___ Black/African American & White ___

American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander___

American Indian/Alaskan Native & Black/African American___

Other Multiracial ___

Are you a U.S. citizen? Yes___ No ___ Are you legally able to work? Yes ___ No___

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 _____ Did you earn a degree? Yes ___ No ___

If **yes**, please describe the degree _____

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 House in obtaining the money to make programs like this possible.

Please list present or most recent employment first

1.) 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?

2.) Company Name _____ Supervisor _____

Address _____

Phone # _____

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

Position Held: _____ Duties Performed: _____

If left the position, reason for leaving? _____

Household Information

Monthly Income:

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** \$ _____

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.)

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 _____

Household Gross Income: (check one)

- | | |
|--|-------------------------|
| Household Gross Income (includes all income for household members 18+): | <i>(Check One)</i> |
| ___ \$22,650 or less | ___ \$42,751 – 43,150 |
| ___ \$22,651 – 25,900 | ___ \$43,151 – 48,550 |
| ___ \$25,901 – 29,150 | ___ \$48,551 – 53,900 |
| ___ \$29,151 – 32,350 | ___ \$53,901 – 56,800 |
| ___ \$32,351 – 34,950 | ___ \$56,801 – 58,250 |
| ___ \$34,951 – 37,550 | ___ \$58,251 – 62,550 |
| ___ \$37,551 – 37,750 | ___ \$62,551 – 64,900 |
| ___ \$37,751 – 40,150 | ___ \$64,901 – 66,850 |
| ___ \$40,151 – 42,750 | ___ \$66,851 – 71,150 |
| | ___ \$71,151 – 73,000 |
| | ___ \$73,001 – 81,100 |
| | ___ \$81,101 – 87,600 |
| | ___ \$87,601 – 94,100 |
| | ___ \$94,101 – 100,600 |
| | ___ \$100,601 – 107,100 |
| | ___ \$107,101 or over |

Have you ever been homeless? Yes ___ No ___

Are you homeless, in a shelter or in transitional housing now? Yes ___ No ___

Do you live in **Federal or State** public housing? Yes ___ No ___

If **yes**, which one? Federal ___ State ___

How much does Federal or State pay toward your rent? \$_____

Do you receive **Section 8**? Yes ___ No ___ If **yes**, how much does **Section 8** pay toward your rent? \$_____

How much do **you** pay per month for rent or mortgage? \$_____

Volunteer Work

Volunteer experience working in an office environment: _____

Volunteer experience working in the healthcare environment: _____

Are you a current or former employee of the facilities listed below? Yes ___ No ___

- | | |
|---|--|
| Charter Professional Services | North Shore Cancer Center |
| North Shore Children's Hospital | Salem Hospital |
| Shaughnessy-Kaplan Rehabilitation Hospital | Union Hospital |
| Visiting Nurse Association of Greater Salem | Women's Health Center of the North Shore |

If yes, which facility, dates employed, and position held: _____

References

Please list three references familiar with your work, school, or personal achievements. We prefer someone who has been a supervisor (teacher or boss) to you. **No family members, friends or co-workers, please.**

Name	Phone number or Email Address	Relationship to you
------	-------------------------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

All information contained in this application is true and accurate to the best of my knowledge.

Printed name _____

Signature _____ Date _____