

**MediClerk Training Program Application for Admission- 2020/2021**

Date of Application: Click or tap here to enter text.

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_ \_\_\_\_\_\_\_\_ Last Name \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.

 Street Apt/Suite # City State / Zip Code

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Click or tap here to enter text.

Do you have a **high school diploma**? Yes[ ]  No [ ]  **HiSET Certificate** Yes[ ]  No [ ]  N/A[ ]  **GED** Yes[ ]  No [ ]  N/A[ ]

If **No to all of the above**, last grade completed Click or tap here to enter text. Last year attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From what country did you earn your High School diploma?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***How did you hear about us? Please check all that apply.***

**Community Organization**

[ ] ACTION, Inc.

[ ] Children’s Friends & Family

[ ] Department of Children and Families (DCF)

[ ] Department of Transitional Assistance (DTA)

[ ] District Court

[ ] Housing Authority

[ ] MASSHIRE (formerly Career Center)

[ ] Massachusetts Rehabilitation Commission (MRC)

[ ] North Shore Community Action Programs (NSCAP)

[ ] North Shore Medical Center (NSMC)

[ ] Open Door

[ ] Counselor / Case Manager

**Advertising**

[ ] Brochure in the Community

[ ] Friends / Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Newspaper

[ ] TV (cable, local, etc.)

[ ] Internet Search

[ ] Wellspring Newsletter/Website

[ ] Wellspring Program

[ ] **Other**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever participated in other Wellspring programs? Yes[ ]  No [ ]

If **Yes**, which ones? Shelter Services[ ]  Adult Learning Initiative [ ]  ESOL[ ]  WERC[ ]  Homelessness Prevention[ ]

### Personal

### The information in the following questions is gathered for grant purposes. Wellspring House receives grant funding to support our low-cost and free programs.

**Date of Birth** Click or tap here to enter text.  **Last 4 digits of Social Security #**Click or tap here to enter text.

**Gender Identity** Male[ ]  Female [ ]  Transgender[ ]  Prefer not to disclose[ ]

Prefer to self-describe [ ] Click or tap here to enter text.

**Marital Status** Single/Never married[ ]  Married[ ]  Divorced[ ]  Separated[ ]  Widowed[ ]  Domestic Partner[ ]  Other[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information regarding race and ethnicity 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 [ ]  **Multi Race**:

 Black/African American[ ]  American Indian /Alaskan Native & White [ ]

 Native Hawaiian/Other Pacific Islander [ ]  Asian & White[ ]

 Asian[ ]  Black/African American & White [ ]

 American Indian or Alaskan Native [ ]  American Indian/Alaskan Native & Black/African American [ ]

 Other Multi-Racial [ ]

**Do you speak English as a second or other language?** Yes [ ]  No[ ]

**What languages do you read, write, and/or speak?**

1st Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read [ ]  Write [ ]  Speak[ ]

2nd Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read [ ]  Write [ ]  Speak[ ]

**Are you or any members of your family, past or present, part of the fishing industry?** Yes[ ]  No[ ]

**Are you legally eligible to work in the United States?**  Yes [ ]  No[ ]

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

### Education / Skills

**Have you attended school since completing high school?** Yes [ ]  No[ ]

If **yes,** where? Click or tap here to enter text.

**When did you last attend school or training?** Click or tap here to enter text.

**Employment and Household Information**

We know that it may be 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 securing grant funds to make programs like this possible.

**Are you currently employed?** Yes[ ]  No[ ]  If **Yes**, where? Click or tap here to enter text.

 If **Yes**, how many hours per week? **1-5**[ ]  **6-20**[ ]  **21-30**[ ]  **31-40+**[ ] *Please check one.*

If **No**, where did you last work? Click or tap here to enter text.

When did you leave your last job? Click or tap here to enter text.

What is/was your **hourly** rate of pay? $\_\_\_\_\_\_\_\_\_\_\_\_ What is/was your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you receiving SNAP (Food Stamps)** Yes [ ]  No [ ]  **Are you receiving TAFDC (Cash assistance)** Yes [ ]  No[ ]

### Household Gross Income (for household members 18+): *Please check one*

[ ] $24,900 or less

[ ] $24,901 – 28,450

[ ] $28,451 – 32,000

[ ] $32,001 – 35,550

[ ] $35,551 – 38,400

[ ] $38,401 – 41,250

[ ] $41,251 – 41,500

[ ] $41,501 – 44,100

[ ] $44,101 – 46,950

[ ] $46,951 – 47,400

[ ] $47,401 – 53,350

[ ] $53,351 – 59,250

[ ] $59,251 – 62,450

[ ] $62,451 – 64,000

[ ] $64,001 – 68,750

[ ] $68,751 – 71,400

[ ] $71,401 – 73,500

[ ] $73,501 – 78,250

[ ] $78,251 – 80,300

[ ] $80,301 – 89,200

[ ] $89,201 – 96,350

[ ] $96,351 – 103,500

[ ] $103,501 – 110,650

[ ] $110,651 – 117,750

[ ] $117,750 or over

**MonthlyIncome**

 Wages $\_\_\_\_\_\_\_\_\_\_\_\_

 Alimony $\_\_\_\_\_\_\_\_\_\_\_\_

 SSDI $\_\_\_\_\_\_\_\_\_\_\_\_

 SSI $\_\_\_\_\_\_\_\_\_\_\_\_

 Food Stamps / SNAP $\_\_\_\_\_\_\_\_\_\_\_\_ *Please see staff to complete SNAP Referral Form*

 TAFDC $\_\_\_\_\_\_\_\_\_\_\_\_

 Unemployment $\_\_\_\_\_\_\_\_\_\_\_\_

 Child Support $\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_\_\_ Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TotalMonthlyIncome** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x 12 months = **Total Household 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 x311, a Wellspring House resource, to see if you qualify for assistance.)

**Do you live with someone else and share expenses?** Yes [ ]  No [ ]

**Do you file Single Head of Householdon your tax return?**  Yes[ ]  No[ ]

**Total # adults in your household** Click or tap here to enter text. **Number of children in your household under age 18** \_\_\_\_\_\_\_

**Total number of dependents noted on your tax return** Click or tap here to enter text.

**Housing**

**Have you ever been homeless?** Yes[ ]  No [ ]  **If yes, are you homeless now?** Yes[ ]  No[ ]

**Do you live in a shelter now?** Yes[ ]  No [ ]  **If Yes, which agency manages your case?**Click or tap here to enter text.

**Are you receiving stabilization services now?** Yes[ ]  No[ ]  **If Yes, through which agency?** Click or tap here to enter text.

**Are you receiving HomeBase services now?** Yes[ ]  No[ ]  **If Yes, through which agency?** Click or tap here to enter text.

**Do you live in the Wellspring Shelter?** Yes [ ]  No[ ]  **Do you live in transitional housing?** Yes [ ]  No[ ]

**Do you live in public housing?** Yes[ ]  No [ ]

**How much does public housing pay toward your rent? $** Click or tap here to enter text.

**Do you receive Section 8?**  Yes [ ]  No[ ]

 If **Yes**, how much does **Section 8** pay toward your rent? $Click or tap here to enter text.

How much do **you** pay per month for rent or mortgage per month? $Click or tap here to enter text.

**Previous Work or Volunteer Experience**

**Previous work or volunteer experience working in an office or health care environment** Yes [ ]  No [ ]

(Please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 North Shore Medical Center/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 and/or Email Address** **Relationship to you**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed name: Click or tap here to enter text.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.



**MediClerk Training Program Application: Essay**

**Name:**  Click or tap here to enter text. **Date:** Click or tap here to enter text.

Please respond to **one** of the following topics. Fill the entire page. You may attach an additional sheet if necessary. Make sure you write neatly and re-check your completed essay for spelling errors or typos.

[ ]  Why are you interested in the health care field? Please explain how your past experiences and future goals have influenced your interest.

[ ]  Describe a challenge you have faced in your life and how you handled it.

[ ]  Describe an important person in your life and why they are meaningful to you.

**For Wellspring Office Use Only**

Referral to outside agency or other Wellspring program                Yes[ ]       No[ ]

If Yes, which agency or program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: