



MediClerk Training Program Application for Admission- 2020/2021

Date of Application: _____

First Name _____ Middle _____ Last Name _____

Full Address _____

Home Phone _____

Cell Phone _____ Email _____

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 _____ 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 _____

Last 4 digits of Social Security # _____

Gender Identity Male Female Transgender Prefer not to disclose

Prefer to self-describe _____

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
Black/African American
Native Hawaiian/Other Pacific Islander
Asian
American Indian or Alaskan Native

Multi Race:
American Indian /Alaskan Native & White
Asian & White
Black/African American & White
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?

1 st Language _____	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
2 nd Language _____	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>

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? _____

When did you last attend school or training? _____

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? _____ -

If **Yes**, how many hours per week? 1-5 6-20 21-30 31-40+

If **No**, where did you last work? _____

When did you leave your last job? _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> \$24,900 or less | <input type="checkbox"/> \$46,951 – 47,400 | <input type="checkbox"/> \$78,251 – 80,300 |
| <input type="checkbox"/> \$24,901 – 28,450 | <input type="checkbox"/> \$47,401 – 53,350 | <input type="checkbox"/> \$80,301 – 89,200 |
| <input type="checkbox"/> \$28,451 – 32,000 | <input type="checkbox"/> \$53,351 – 59,250 | <input type="checkbox"/> \$89,201 – 96,350 |
| <input type="checkbox"/> \$32,001 – 35,550 | <input type="checkbox"/> \$59,251 – 62,450 | <input type="checkbox"/> \$96,351 – 103,500 |
| <input type="checkbox"/> \$35,551 – 38,400 | <input type="checkbox"/> \$62,451 – 64,000 | <input type="checkbox"/> \$103,501 – 110,650 |
| <input type="checkbox"/> \$38,401 – 41,250 | <input type="checkbox"/> \$64,001 – 68,750 | <input type="checkbox"/> \$110,651 – 117,750 |
| <input type="checkbox"/> \$41,251 – 41,500 | <input type="checkbox"/> \$68,751 – 71,400 | <input type="checkbox"/> \$117,750 or over |
| <input type="checkbox"/> \$41,501 – 44,100 | <input type="checkbox"/> \$71,401 – 73,500 | |
| <input type="checkbox"/> \$44,101 – 46,950 | <input type="checkbox"/> \$73,501 – 78,250 | |

Monthly Income

Wages \$ _____
Alimony \$ _____
SSDI \$ _____
SSI \$ _____
Food Stamps / SNAP \$ _____
TAFDC \$ _____
Unemployment \$ _____
Child Support \$ _____
Other \$ _____

Please see staff to complete SNAP Referral Form

Please describe: _____

Total Monthly Income \$ _____ 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 Household on your tax return? Yes No

Total # adults in your household _____ Number of children in your household under age 18 _____

Total number of dependents noted on your tax return _____ -

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? _____

Are you receiving stabilization services now? Yes No

If Yes, through which agency? _____

Are you receiving HomeBase services now? Yes No

If Yes, through which agency? _____

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? \$ _____

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 per month? \$ _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Printed name: _____

Signature: _____

Date: _____



MediClerk Training Program Application: Essay

Name: _____

Date: _____

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.



MediClerk Training Program Application: Reading Assessment

Instructions: Read the passage below and answer questions 1-5 on the next page.

Barriers to the Communication Cycle

Excerpted from *Medical Office Procedures, Bayes, 9e McGraw Hill, Chapter 3: Office Communications*

Many factors can create a barrier to clear communication. The best-planned message may not be received properly if barriers have not been considered. Each message sent and received must pass through a cultural, personal, and ethical bias base. This filtering process can **hinder** the intended message from being received.

Physical barriers can make it difficult to send and/or receive an intended message. Noisy surroundings, poor acoustics, and dim lighting can negatively affect the message. Physiological barriers can also affect the intended sent and/or received message. Hearing loss, fatigue, pain, hunger, anger, mental capacity, anxiety, and illness are all examples of physical status or needs that could affect how a message is sent or how it is received.

Selecting the proper wording can enhance the meaning and interpretation of the message. Using words that are unfamiliar to the receiver, such as medical insurance jargon, can destroy the intended message. Use words that create a receptive environment for the message. It is important to remember that most individuals think much faster than they speak—up to three times faster. As you verbally send a message, concentrate on the current message and words and refrain from thinking ahead. This can cause receivers to become bored with the message, allowing their minds to wander.

Another barrier to effective communication is inactive listening. As a sender and receiver, we become involved in the cycle. The fast pace of society has conditioned many individuals to fake attention to messages and simply wait for the sender to stop talking so that they can begin talking! This can cause miscommunication and failure to hear all the facts.

The first step to becoming an active listener is to stop talking and begin listening when someone else is speaking (sending a message), even if we don't agree with the message. Try to listen objectively and patiently before responding. Judging a message based on the sender's appearance is another contributor to inactive listening. If you must judge, judge the message, not the sender's appearance.



MediClerk Training Program Application: Reading Assessment

1. **Why is it important to consider various barriers to communication?**

(Type your response below.)

–

2. **Provide one example of a physical barrier that can affect communication.**

(Type your response below.)

–

3. **Most individuals think faster than they speak.**

(Check the box for the correct response.)

True

False

4. **An example of a barrier to effective communication is:**

(Check the box for the correct response.)

Inactive listening

Active listening

Organization of the message

Nonverbal communication

5. **Re-read the first paragraph of the passage. Choose the word below that has a similar meaning of the word hinder in sentence 4.**

(Check the box for the correct response.)

Help

Block

Enhance

Hurry



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: