

**MediClerk Training Program Application for Admission- 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 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:     YesNo ***\*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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When did you last attend school or training?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have previous experience with online learning?** Yes  No

**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*

$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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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)

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.)

\_

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

(Type your response below.)

\_

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

(Check the box for the correct response.)

True

False

1. **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

1. **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: