



## MediClerk Training Program Application for Admission- 2022

Date of Application: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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)
- Housing Authority
- MASSHIRE (formerly Career Center)
- Massachusetts Rehabilitation Commission (MRC)
- North Shore Community Action Programs (NSCAP)
- Salem Hospital or other MGH Brigham partner

- Open Door
- Counselor / Case Manager

#### **Advertising**

- Brochure in the Community
- Friends / Family \_\_\_\_\_
- Newspaper
- Social Media/Facebook
- Internet Search
- Wellspring Program/Wellspring Newsletter/Website
- Other** \_\_\_\_\_

Have you ever participated in other Wellspring programs? Yes  No

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

Would you be interested in other programs?

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.

**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<sup>st</sup> Language \_\_\_\_\_ Read  Write  Speak

2<sup>nd</sup> 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  Name of current/former employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Last date of employment: \_\_\_\_\_ (N/A if currently employed)

What is/was your job title: \_\_\_\_\_ Hours per week? 1-5  6-20  21-30  31-40+

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

Previous employer name: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Last date of employment: \_\_\_\_\_

What was your job title: \_\_\_\_\_ Hours per week? 1-5  6-20  21-30  31-40+

## Previous Work or Volunteer Experience

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

(Please explain)

## 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 Homebased 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? \$ \_\_\_\_\_

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

\$28,200 or less

\$70,501 – 75,750

\$123,813 – 141,500

\$28,201 – 42,300

\$75,751 – 88,437

\$141,501 or over

\$42,301 – 47,000

\$88,438 – 106,125

\$47,001 – 70,500

\$106,126 – 123,812



Are you receiving SNAP (Food Stamps) Yes  No

Are you receiving TAFDC (Cash Assistance) Yes  No

**Monthly Income**

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

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

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

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

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

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

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

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

Other \$ \_\_\_\_\_ 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 claimed on your tax return:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

(this may include children ages 18-24)

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

**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 or a case worker or therapist.

**No family members, friends or co-workers, please.**

**Full Name**                      **Phone number and/or Email Address**                      **Title (manager/supervisor/case manager)**

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



## 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.)

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

(Type your response below.)

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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



**By signing below, I am verifying that all information contained in this application is true and accurate to the best of my knowledge.**

**I understand that submission of an application is not a guarantee of acceptance to the Wellspring Community Education MediClerk Training Program.**

**In addition, I understand that the complete application process includes the steps and documentation outlined in the MediClerk Training Program Application Process. (Appendix A.)**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_