



# Open Door Institute Culinary Arts Training Program Eligibility Form

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Female \_\_\_\_\_ Male

**Current living situation:**

\_\_\_\_\_ In a shelter (emergency/transitional) Name of shelter: \_\_\_\_\_

\_\_\_\_\_ On the Street

\_\_\_\_\_ With a friend or relative

\_\_\_\_\_ Own Home/ Other

\_\_\_\_\_ Other

**Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Monthly Income (before taxes): \_\_\_\_\_

Are you currently Working: \_\_\_ No \_\_\_ Yes, Where \_\_\_\_\_

Household Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Highest Level of Education:**

\_\_\_\_\_ Less than High School

\_\_\_\_\_ GED (Year: \_\_\_\_\_)

\_\_\_\_\_ High School Diploma (Year: \_\_\_\_\_)

\_\_\_\_\_ Some College

(Name of Institution: \_\_\_\_\_ Year: \_\_\_\_\_)

\_\_\_\_\_ College/Technical Degrees

(Name of Institution: \_\_\_\_\_ Year: \_\_\_\_\_)

Do you need accommodations for a learning disability, ADD, ADHD, physical disability (temporary/permanent), or emotional or mental health conditions? \_\_\_ No \_\_\_ Yes

How can we help to accommodate your need: \_\_\_\_\_

**Office Use**

- Income Verified at or below the Poverty Level: \_\_\_ Yes \_\_\_ No
- The individual \_\_\_ does \_\_\_ does not meet the requirements for participants in the Culinary Arts Program.

ODI Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline: Friday, January 7, 2022**