

Participant Information

First Name

Last Name

Opportunity Passport™ #

Street Address

City, State, Zip

County

Phone

Email

Date of Birth (MM/DD/YYYY)

Preferred contact method: Phone Cell Phone Text Message Email

Preferred contact number and/or email address: _____

Background Information

Gender Male Female Other

Race African American/Black Caucasian/White Latino or Hispanic Asian
 Native American Native Hawaiian/Pacific Islander Multiracial Other _____

How did you learn about Opportunity Passport™?

Biological Parent Adoptive Parent Foster Parent Other Relative Friend
 DHS Worker Service Provider Juvenile Court Education/School InSight Member
 Other _____

Current foster care status: In foster care Out of care PAL/Aftercare Don't Know

Living Arrangement: Where are you currently living? (check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Living independently by self | <input type="checkbox"/> Group Home | <input type="checkbox"/> Supervised Apartment |
| <input type="checkbox"/> Living with a friend or roommate | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Home of birth parents | <input type="checkbox"/> Adoptive Home | <input type="checkbox"/> Transitional or Supportive Housing |
| <input type="checkbox"/> Home of another relative | <input type="checkbox"/> Home of a family friend | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Foster family home | <input type="checkbox"/> School Dorm/Campus Housing | |

Marital Status: Single Married Divorced

Children: How many children do you have? _____
If you have children, how many of them live with you? _____

Supportive Adult Contacts

List contact information for the primary adult who will support your participation in Opportunity Passport™.

Primary Adult Contact:

First Name	Last Name	Relationship to You
------------	-----------	---------------------

Street Address	City, State, Zip
----------------	------------------

Phone (specify type)	Alternative Phone (specify type)	Email
----------------------	----------------------------------	-------

May we contact this person about your participation in Opportunity Passport™? Yes No

List contact information for at least one other adult who would know how to reach you if you moved.

Secondary Adult Contact:

First Name	Last Name	Relationship to You
------------	-----------	---------------------

Street Address	City, State, Zip
----------------	------------------

Phone (specify type)	Alternative Phone (specify type)	Email
----------------------	----------------------------------	-------

May we contact this person about your participation in Opportunity Passport™? Yes No

Secondary Adult Contact:

First Name	Last Name	Relationship to You
------------	-----------	---------------------

Street Address	City, State, Zip
----------------	------------------

Phone (specify type)	Alternative Phone (specify type)	Email
----------------------	----------------------------------	-------

May we contact this person about your participation in Opportunity Passport™? Yes No

Education

Are you currently enrolled in school?

Yes, full-time

Yes, part-time

Not enrolled

If enrolled, type of school:

- | | | |
|--|--|--|
| <input type="checkbox"/> High School | <input type="checkbox"/> 4-year college/university | <input type="checkbox"/> Graduate school |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> Junior high/middle school | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community College | <input type="checkbox"/> GED program | (specify) |

Highest grade completed at this time: _____

Which of the following, if any, have you earned?

- | | | |
|---|--|---|
| <input type="checkbox"/> GED or High School Diploma | <input type="checkbox"/> 2-year college degree | <input type="checkbox"/> Some graduate school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> 4-year college degree | <input type="checkbox"/> Graduate degree |

Employment

What best describes your current employment situation? (select one)

- Employed more than full-time (more than 40 hours per week)
- Employed full time (average 30 or more hours per week)
- Employed part-time (average less than 30 hours per week)
- Currently seeking employment
- Unemployed, not seeking employment
- Disabled, not seeking employment
- In school or job training program AND working
- In school or job training program and not working

If working, what is your current rate of pay? Per hour? _____ or Per week? _____

About how much do you expect to earn from working this year? _____

Bank Information & Asset Goal

Do you have an open bank account? Yes No

If yes, what type of an account do you have? Checking Savings Other

Name of bank _____ Location _____

What is your asset goal?

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Credit Building |
| <input type="checkbox"/> Health | <input type="checkbox"/> Micro-enterprise | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Investment | (subject to approval) |

Enrollment Certification

I understand that to participate in Opportunity Passport™ and have my savings matched for the purchase of approved assets, I must:

_____ Open a bank account at the Greater Iowa Credit Union within 3 weeks from the time I complete Financial Capability Training.
(initial)

_____ Complete the on-line Opportunity Passport™ Participant Survey each April and October.
(initial)

_____ Notify my provider and/or the Youth Policy Institute of Iowa of any changes to my contact information or my bank account.
(initial)

Certification

My signature below certifies that all information provided on this enrollment form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Participants under age 18 must have the consent of a parent or legal guardian:

My signature below certifies that I am a parent or guardian for the minor on this enrollment form and that I consent to the minor's participation in Opportunity Passport™. I also certify that all of the information provided on this form is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Relationship to Participant: _____

Submit completed form to

Steve Havemann

Youth Policy Institute of Iowa
6200 Aurora Avenue, Suite 206E
Des Moines, Iowa 50322
shavemann@ypii.org
Fax: 515-727-4223

For Office Use Only

Date received: _____ Reviewed by: _____

Letter of agreement received

Bank Information verified

Data Entered into OPDS

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). The program is administered in the Des Moines area by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.