



2670 Milwaukee Street Madison, WI 53704

www.operationfreshstart.org

Phone: 608-244-4721

Fax: 608-244-8162

Dear Applicant:

If you are between the ages of 16 and 24, need to work on your High School Diploma (or equivalent), and want to make major changes in your life, then complete the attached documents and return them to Operation Fresh Start.

If you are under age 18, you must be enrolled in your school district and talk to the guidance counselor at the high school in your district to get a referral for the Operation Fresh Start program.

An applicant **MUST** be a citizen, national or lawful permanent resident of the United States.

In order to be eligible to interview for the program, follow this application process:

1. In person, come to Operation Fresh Start at 2670 Milwaukee Street in Madison to turn in your application.
2. **After your initial visit, call Bill Kean or Greg Miller at 608.244.4721** to follow up on your application and request an interview.
3. If you receive an interview, you must bring the following documents to be eligible for the program. You will not be allowed to begin the program without these documents.
 - a. **Official Birth Certificate** – it must be a certified copy. Birth registration or hospital certificates *are not* acceptable.
 - b. **Valid Government-issued Photo ID** – driver's license or state ID accepted.
 - c. **Government-issued Social Security Card** – copies are not acceptable.
4. If you are accepted into the program, you will be required to complete an income verification. Some income restrictions apply.



STAFF USE ONLY:

Date Submitted: _____

Entered by: _____

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Date Submitted: _____

Entered by: _____



OFS Legacy Program Application

Please print neatly using **blue or black ink**. Use your name as it appears on your official identification. An applicant **MUST** be a citizen, national or lawful permanent resident of the United States.

Background and Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Age (Circle One): Under 18 (16 or 17) 18 or Over (18 to 24)

Primary Phone Number: _____

Secondary Phone Number: _____

Personal E-mail Address: _____

Is there another way we can reach you? Please provide details below:

Emergency Contact Name and Relationship to you:

Emergency Contact Phone Number: _____

Legal Guardian or Parent Name and Relationship to you (If under 18):

Parent or Legal Guardian Phone Number: _____

Education and Referral Information

How did you learn about the OFS Legacy Program? Check all that apply:

- Current or Former OFS Member
- Family or Relative
- Friend
- School counselor or other school staff
- OFS OPTIONS Program
- OFS Website
- Social Media (Facebook, Twitter, or Instagram)
- Flyer
- NIP Worker, County Social Worker, or Probation or Parole Officer
- Other: _____

What is the name of the last high school you were enrolled in?

Name of person at school who referred you (if currently enrolled):

Do you have a high school diploma, GED, or HSED?

What is the last grade you attended?

STAFF USE ONLY:

Date Submitted: _____

Entered by: _____

Household Information

How many people currently live in your household (including you)?: [Circle]

1 2 3 4 5 6 7 8 or more

Do you (or anyone in your household) receive FoodShare?: Yes or No

Please mark the income range of all the members of your household:

\$0 - \$35,150

\$35,151 - \$40,200

\$40,201 - \$45,200

\$45,201 - \$50,200

\$50,201 - \$54,250

\$54,251 - \$58,250

\$58,251 - \$62,250

\$62,251 - \$66,300

\$66,301 +

Work History

Name of Last Employer: _____ Job Title: _____

Employer Address: _____

Start Date: _____ End Date: _____ Hours/Week: _____

Reason for Leaving: _____

E-mail Info

Personal Email Address (not a school address): _____

Do you know the password for this e-mail? Yes No Not Sure

Do you know which phone is associated with this e-mail? Yes No Not Sure

Applicant Statement and Permissions

I verify that all information provided on this application is true and correct to the best of my knowledge.

I give permission for Operation Fresh Start (OFS) to verify my eligibility for services. I give permission to OFS to conduct an FBI Fingerprint Check and State Criminal History Check as required by partners. The results of these checks will only be used to determine program eligibility and will be stored in a secure location. I understand that I will be provided a reasonable opportunity to review and challenge the factual accuracy of the results before action is taken to exclude me from the program.

If accepted into the program, I give permission to Operation Fresh Start to determine eligibility and enrollment in services and programs funded by OFS contracted partners. These services include but are not limited to those offered by the U.S. Department of Labor, AmeriCorps (CNCS), FoodShare Employment Training, and the Workforce Innovation and Opportunity Act.

I give permission to OFS and its contracted partners to use my information for record management, program assistance and evaluation. This release is effective for 3 years from the date signed, or until revoked in writing.

If accepted into the program, I understand that I will be required to complete the following as part of the standard program requirements:

- High School Diploma (or equivalency)
- First Aid/CPR certification
- OSHA 10 certification
- Selective Service registration (if eligible)
- Voter registration (if eligible)
- Driver's License or develop Driver's License Attainment Plan

If accepted into the program, I give permission to be photographed, videotaped, interviewed, recorded and/or televised. Any or all of the above media representations may be used by Operation Fresh Start and its contracted partners, including YouthBuild U.S.A., The Corps Network, and the Corporation for National and Community Service.

Applicant Signature

Date

Legal Guardian/Parent Signature

Date

Printed Name of Legal Guardian/Parent

Relationship to Applicant