

CityLink School or Work Eligibility Application/Certification

Date Received _____

Client Information

Name: (Last, First) _____

Home Address: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Employment, Training, School-Service Needs

Employer: _____

Employer Address: _____ Zip Code: _____

Employer Phone: _____

School/Training Institution: _____

School/Training Institution Address: _____ Zip Code: _____

School/Training Institution Phone: _____

Referral Source: (Co-worker, Bus ad, agency....etc.) _____

By signing below I affirm that I have received information concerning the rules, regulations, and procedures related to use of the CityLink Special Services and agree to follow the established guidelines to the best of my ability.

I confirm that the information that I have provided to CityLink on this form is true and correct. I understand that this information is being used to determine my eligibility for participation in the School or Work program.

Client Signature: _____ Date: _____

CityLink Staff Signature: _____ Date: _____