

---

DateName

---

Address

---

Date of Birth

Primary Phone

Message Phone

---

Email

Where did you hear about CTI?

---

**After completing the following information, you will be contacted for an interview.  
Please mark any of the Items listed below that pertain to you:**

**Public Assistance**☐

Receiving TANF

☐

Receiving SNAP

☐

Receiving Medicaid

☐

Not receiving public assistance

**Household Circumstances**☐

Pregnant

☐

Receiving Unemployment Insurance

☐

Parenting

☐

Receiving SSI or SSDI

☐

In Foster Care or Aged out of Foster Care

☐

Veteran

☐

Live in Helena Housing or Local Section 8

☐

Offender

☐

Homeless

☐

Widowed, divorced or separated

☐

Underemployed

☐

In home caring for family last 3 of 5 years

**Education**☐

Have a Diploma or High School Equivalency

☐

Currently enrolled in Education or Training

☐

High School Dropout

Est. Completion date: \_\_\_\_\_

**I am seeking assistance with:**☐

Part-Time Employment

Training in:

☐

Healthcare

☐

Cybersecurity

Full-time Employment

☐

Other: \_\_\_\_\_

**Submit to:**