downtown soup kitchen
HOPE CENTER
HOPE RESTORED | HEARTS RENEWED
LIVES TRANSFORMED

FEED ME HOPE
CULINARY & BAKERY
JOB TRAINING PROGRAM APPLICATION

APPLICATION REQUIREMENTS

1.) You **MUST** provide contact information where you can be reached, either a phone number or email.
2.) Your application **MUST** be filled out by you and **only you** with pen or pencil.
3.) You **MUST** fill out the **entire application**. Incomplete applications will not be considered for acceptance.
4.) Please **READ** each question carefully and take your time to **explain your answers** as needed.
5.) Please **PRINT** clearly. **If we can't read it, we can't accept it.**

ELIGIBILITY REQUIREMENTS

1.) 18 years of age or older: _____ Initials
2.) Low income (less than $15,000/year) **or** homeless: _____ Initials
3.) Currently receiving or eligible for SNAP (Food Stamps): _____ Initials
4.) Able to work part-time (20 hours/week) after graduation: _____ Initials
5.) Able to stand for at least 3 hours at a time: _____ Initials

APPLING FOR:

Culinary

_____ Initials

Bakery (Women Only)

_____ Initials

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www.downtownhopecenter.org / info@downtownhopecenter.org

FEED ME HOPE APPLICATION & ASSESSMENT

Today's Date: _____/_____/_____ **Social Security #:** _____-_____-_____

Full Legal Name (PRINT): _____
First Name Middle Name Last Name

Date of Birth: _____/_____/_____ **Gender:** ☐ Male ☐ Female

Current Residential Address:

_____ _____ _____
Street Address City/State Zip Code

Primary Phone #: (_____)_____ **Secondary Phone #:** (_____)_____

Email: _____ **Preferred Method of Contact:** ☐ Phone ☐ Email

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone #: (_____)_____

Race / Ethnicity: (Check all that apply)

☐ Alaska Native / American Indian
☐ Asian / Asian-American
☐ Black / African American / Other African
☐ Latino
☐ Native Hawaiian / Pacific Islander
☐ White / Caucasian
☐ Other
☐ Unknown

Work Eligibility:

- U.S. Citizen? ☐ Yes ☐ No Eligible to work in the U.S.? ☐ Yes ☐ No
- Immigrant, refugee, or new arrival to this country? ☐ Yes ☐ No
  If Yes: *do you have proper immigration documents?* ☐ Yes ☐ No
- Served in active duty in the U.S. military, including National Guard or Reserves? ☐ Yes ☐ No
  If Yes: *Active Dates:* _____ Honorable Discharge? ☐ Yes ☐ No

STAFF USE ONLY:

_____

_____

_____

_____

_____

HOUSING

Please identify your current house situation:

- ☐ On the street / Tent
- ☐ Voucher / Section 8 Housing
- ☐ Shelter (specify): _____
- ☐ Transitional Housing (specify): _____
- ☐ Treatment Facility (specify): _____
- ☐ Other: _____
- ☐ Your own home/apartment (*provide address below)
- ☐ Relative's place permanently (*provide address below)
- ☐ Friend's place permanently (*provide address below)
- ☐ Temp. living w/friends/family; need to move ASAP
- ☐ Fleeing domestic violence and facing homelessness

Current address/location of where you sleep at night:

_____ _____ _____

Street Address | City/State | Zip Code

Are you currently homeless? ☐ Yes ☐ No
(i.e., living on the streets, in a car/RV or a structure without utilities)

If Yes: *Zip code where you stayed last night:* _____

Please describe your household composition:

- ☐ Single adult
- ☐ Single-parent, w/minors
- ☐ Two-parent household, w/o minors
- ☐ Two-parent household, w/minors
- ☐ Other adult relatives
- ☐ Other adult relatives, w/minors
- ☐ Other adult(s), non-relative
- ☐ Other:_____

How long have you lived in Alaska? _____ **Where did you live before that?** _____

EDUCATION

Are you limited in your ability to communicate in English? ☐ Yes ☐ No

Do you have a history of difficulty in school or a diagnosed learning disability? ☐ Yes ☐ No

If yes*, please describe:* _____

Did you graduate from High School? ☐ Yes ☐ No

If no*: What is your highest grade completed?* _____ *Have you received your GED?* ☐ Yes *Year:* _____ ☐ No

Post-Secondary Education:

☐ None ☐ AA or Equivalent ☐ Bachelor's Degree:_____
School/University | Field of Study | Grad. Year

☐ Some College ☐ Other Diploma/Certification ☐ Master's Degree:_____
School/University | Field of Study | Grad. Year

Please list/describe any additional education or Vocational/Technical Training? ☐ None

Program/School: _____ *Year completed:* _____

STAFF USE ONLY:

_____

_____

EMPLOYMENT HISTORY

Have you been employed in the last 12 months? ☐ Yes ☐ No

If Yes: Last Employer / Name of Company: _____ Job Position / Title: _____

Hourly Wage: $_____ *Hours / week:* _____ Reasons for Leaving:_____

If No: What is your reason for not working? _____

Please list the last job you had:

Employer / Name of Company	Start Month & Year	- End Month & Year	City & State
_____	_____	_____	_____

Please list any /all *food related* employment or experience: ☐ None

Company / Restaurant Name	Start Month & Year	- End Month & Year	City & State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check all barriers you have experienced toward gaining / maintaining employment:

- ☐ Alcohol / Drug Addiction
- ☐ Criminal History
- ☐ End of Relationship / Divorce
- ☐ Lack of Safe / Stable Housing
- ☐ Negative / Lack of Job History
- ☐ Domestic / Family Violence
- ☐ Lack of Child Care
- ☐ Owing Child Support
- ☐ Family Illness
- ☐ Lack of basic Life Skills
- ☐ Learning Disability
- ☐ Chronic Medical / Physical Issues
- ☐ Lack of ID / SS Card
- ☐ Mental Health Issues
- ☐ Child Health Issues
- ☐ Lack of Education / Diploma / GED
- ☐ Termination of Public Assistance
- ☐ Child w/Special Needs
- ☐ Lack of Basic Resources
- ☐ Transportation
- ☐ Frequent Relocation
- ☐ Lack of Financial Literacy / Debt
- ☐ Vocational Skills Deficiency
- ☐ Veteran Discharge Status
- ☐ Chronic conflict w/Supervisors or Co-Workers
- ☐ Other: _____

Do you understand that gaining employment may change your Government benefits? ☐ Yes ☐ No

STAFF USE ONLY:

_____

_____

ADDICTION & MENTAL HEALTH HISTORY

DRUGS & ALCOHOL

Do you currently have, or have you ever had, an addiction to drugs or alcohol? ☐ Yes ☐ No

If Yes: *please list which type(s) of drugs and/or alcohol:*_____

_____

Do you desire to become/stay clean & sober? ☐ Yes ☐ No

Have you used drugs or alcohol in the past 30 days? ☐ Yes ☐ No

If Yes: *please list which type(s), amount, and frequency:*_____

_____

If No: *how long have you been clean and sober?* _____

Have you attended a treatment program for drugs / alcohol? ☐ Yes ☐ No

If Yes: *when and where:* _____ **Did you Graduate?** ☐ Yes ☐ No

MENTAL HEALTH

Have you ever been diagnosed with depression or mental illness? ☐ Yes ☐ No

If Yes: *please list diagnosis:*_____

_____

Have you ever received treatment or taken medication for depression or mental illness? ☐ Yes ☐ No

If Yes: *please explain:* _____ (Treatment / Medication & Date Prescribed) _____ (Treatment / Medication & Date Prescribed) _____ (Treatment/ Medication & Date Prescribed)

Please list <u>all medications</u> you are currently taking:

_____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed)

_____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed)

Please list all <u>prescribed</u> medication which you are <u>not</u> taking:

_____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed) _____ (Medication & Date Prescribed)

Please share all significant <u>past and present</u> medical / physical / mental health conditions or disabilities that may impede your ability to be trained and/or employed in the food service industry:

_____

_____

<u>STAFF USE ONLY:</u>

_____

_____

BACKGROUND & LEGAL HISTORY

Background Check Release:

For *Feed Me Hope* to be able to assist our students in achieving self-sufficiency, we need to be aware of any barriers to success our applicants face. We ask that all applicants consent to a criminal history search. By initialing below, you agree to allow *Feed Me Hope* Staff to conduct a criminal history search.

FMH Staff will be aware of your criminal background before interviews occur. Having a criminal background does NOT automatically disqualify you or ruin your eligibility.

I understand that failure to honestly disclose criminal convictions can be grounds for denial of enrollment. Initials _____

Are you on Probation? ☐ Yes ☐ No **Are you on Parole?** ☐ Yes ☐ No

If Yes: *PO Name:* _____ *Phone Number:* (_____)_____

OPEN / PENDING / UPCOMING COURT CASES

Please list court dates, warrants and any other upcoming legal issues. ***(Continue on back page if necessary.)***

☐ None

Pending Charge	Month & Year	City/State	Next Scheduled Court Date

CRIMINAL CONVICTIONS

*(You will be asked to explain all **felony convictions** if interviewed.)*

☐ None

Offense / Conviction	Month & Year	City & State	MISDEMEANOR	FELONY
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Offense / Conviction	Month & Year	City & State	MISDEMEANOR	FELONY
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

STAFF USE ONLY:

FINANCIAL & SUPPORTIVE SERVICES

Please identify all resources from which you currently receive income or assistance:

Housing Assistance: ☐ Yes ☐ No Amount: $_____ Unemployment: ☐ Yes ☐ No Amount: $_____

Employment Income: ☐ Yes ☐ No Amount: $_____ Medicaid: ☐ Yes ☐ No Amount: $_____

SNAP / Food Stamps: ☐ Yes ☐ No Amount: $_____ Medicare: ☐ Yes ☐ No Amount: $_____

Adult Public Assistance: ☐ Yes ☐ No Amount: $_____ VA Benefits: ☐ Yes ☐ No Amount: $_____

Social Security (SSI & SSDI): ☐ Yes ☐ No Amount: $_____ VA Health Care: ☐ Yes ☐ No Amount: $_____

Temporary Assistance (ATAP): ☐ Yes ☐ No Amount: $_____ Child Support: ☐ Yes ☐ No Amount: $_____

☐ Other : _____ Amount: $_____

Are you involved with any of the following agencies or programs? ☐ None

☐ Anchorage Gospel Rescue Mission ☐ Division of Vocational Rehabilitation (DVR)

☐ Partners Reentry Center (PRC) ☐ NeighborWorks

☐ South Central Foundation (SCF) ☐ Rural Cap

☐ Cook Inlet Tribal Council (CITC) ☐ Catholic Social Services (CSS)

☐ Covenant House / AWAIC/ Clare House ☐ Other : _____

Do you have a Case Manager? ☐ Yes ☐ No

If Yes: *Case Manager's Name:* _____ *Phone Number:* (_____)_____

Are you willing to sign a Release of Information (ROI) allowing *Feed Me Hope* Staff to work and communicate with your doctor, counselor, case manager, parole/probation officer and/or other service providers?

☐ Yes ☐ No

STAFF USE ONLY:

_____

_____

_____

_____

APPLICANT REFERRAL & GOALS

How did you find out about *Feed Me Hope*? (Check all which apply):

- ☐ *Feed Me Hope* Student / Graduate: _____
- ☐ Downtown Hope Center Staff: _____
- ☐ Public Assistance Referral
- ☐ Henning Inc. / 99+1
- ☐ Anchorage Gospel Rescue Mission
- ☐ 3RNC/ Catholic Social Services/ Brother Francis
- ☐ AK Mental Health Consumer Web
- ☐ Poster / Flyer (Location): _____
- ☐ Other: _____
- ☐ PRC (Partners Reentry Center)
- ☐ SCF (South Central Foundation)
- ☐ CITC
- ☐ AWAIC
- ☐ DOC Referral
- ☐ AK Housing
- ☐ Covenant House
- ☐ Anchorage Job Center
- ☐ Clitheroe

Have you ever applied to the *Feed Me Hope* Job Training program before?

☐ Yes ☐ No ***If Yes:*** *what year?* _____

Have you ever volunteered at Downtown Hope Center before?

☐ Yes ☐ No ***If Yes:*** *what year?* _____

Please tell us why you are applying to *Feed Me Hope*:

_____

_____

_____

Please tell us what you would like to change/improve about your life or current situation:

_____

_____

_____

Please explain your goals for future employment:

_____

_____

_____

TRAINING & PROGRAM HOURS

Bakery: Monday – Friday / 7:30AM - 3:30PM

Culinary: Monday – Friday / 9:30AM - 6:30PM

I am aware of the training and program hours listed above and understand that I am required to be available during the appropriate schedule. _____
Initials

APPLICANT COMMITMENT AGREEMENT

If admitted into Feed Me Hope, I will…

- Attend and fully participate in all offered classes and training for the entire 24-weeks._____ Initials
- Develop and maintain a clean and sober lifestyle, including marijuana. _____ Initials
- Adhere to all Policies, Procedures and Code of Conduct of the *Feed Me Hope* Job Training Program. _____ Initials
- Be coachable and accept instruction from *Feed Me Hope* instructors and complete all work that is assigned. _____ Initials
- Gain an employable skill set, with the end goal of obtaining employment. _____ Initials
- Confront personal challenges, addictions and/or barriers to successful employment and self-sufficiency. _____ Initials
- Talk to my Life Transformation Coach or other FMH Staff when I need help or feel disempowered. _____ Initials

I understand that…

- *Feed Me Hope* is an **unpaid, 24-week, faith-based** job training opportunity that is ultimately designed toward **genuine life-transformation**. _____ Initials
- Daily attendance is required, and full participation is expected. _____ Initials
- *Feed Me Hope's* purpose is not to make someone a better needy or homeless person, but to give our students a hand-up, not a handout, and change from homelessness to healthy, productive members in our community. _____ Initials

I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

By signing below, I certify that the information provided in this application is true to the best of my knowledge.

_____

Applicant Printed Name

_____ _____/_____/_____

Applicant Signature **Date**

08/04/26 -BM