



3100 Monte Diablo
Stockton, CA 95203 (209) 468-8140

Date Received	<u>Are you interested in YouthBuild</u> YES or NO
Appointment Date	

1. Last Name	First Name	Middle Initial
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2. Address	City	State	Zip Code
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3. Home Phone () ()	Cell Phone () ()	Alternative Phone () ()
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4. Date of Birth (M/D/Y)	5. Age	6. Female () Male ()
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7. Emergency Contact (someone that does not live in your home)		
Name	Phone	Cell

8. Ethnicity (Please Circle One)		
() AA Asian Indian	() AG Japanese	() AO Other Asian
() AB Cambodian	() AH Korean	() BL Black Not Hispanic
() AC Chinese	() AL Laotian	() HI Hispanic
() AD Filipino	() AJ Samoan	() NA American Indian/Alaskan Native
() AE Guamanian	() AK Vietnamese	() WH White
() AF Hawaiian	() AL Other Pacific Islander	

CHECK ALL THAT APPLY BOXES 12 TO 16

9. Do you or your family receive: A. Public assistance..... () B. Food Stamps () C. SSI/ SSP D. Unemployment Benefits () E. General Relief () F. Free Meals () G. Other..... ()	10. EDUCATION STATUS A. Dropped out of High School.. () B. High School Student () C. High School Grad..... D. GED..... () F. Last Grade Completed _____	11. ARE YOU OR HAVE YOU? A. Foster Child..... () B. On Probation/Parole () C. Ever been convicted of a felony? .. () D. Disabled or enrolled in RSP cla () E. Physically Disabled..... () F. Pregnant or a teen parent..... () G. Homeless or Runway..... () H. AB109..... ()

15. FAMILY SIZE & INCOME				
<u>LIST THE FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD INCLUDING YOURSELF.</u>				
<u>LIST ALL INCOME RECEIVED IN THE LAST 6 MONTHS</u>				
LAST NAME	FIRST NAME	AGE	RELATIONSHIP TO YOU	INCOME SOURCE & AMOUNT
1				
2				
3				
4				
5				
6				
7				

PLEASE LIST ANY ADDITIONAL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD ON THE BACK OF THIS PAGE.

PLEASE ATTACH AN OFFICIAL SEALED TRANSCRIPT TO APPLICATION UNLESS YOUR LAST SCHOOL ATTENDED WAS A ONE.