



# OIC OF WASHINGTON REGISTRATION

815 Fruitvale Boulevard, Yakima, WA 98902  
P: 509-248-6751 | F: 509-575-0482

Please fill out the form and email it to [l.z@yvoic.org](mailto:l.z@yvoic.org) or feel free to print it out and drop it off at any of our locations.

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Gender:  Male  Female  Other  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Household Size: \_\_\_\_\_

## INCOME/HOUSING INFORMATION

**INCOME SOURCE:** Income is defined as: wages, salary, commissions, bonuses, or tips from all jobs; self-employment income from own nonfarm businesses or farm business, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or railroad retirement; supplemental security income (SSI); any public assistance or welfare payments from state or local welfare office; retirement survivor, or disability pensions.

Employment Full-Time  Employment Part-Time  Unemployment  SSI  No Income  
 SSA  Pension/Retirement  TANF  Season Farmworker  Other:

### HOUSEHOLD ANNUAL INCOME:

\$0-\$16,988  \$16,989 - \$22,888  \$22,889 - \$28,788  \$28,789 - \$34,688  \$34,689 - \$40,588  
 \$40,589 - \$46,488  \$46,489 - \$52,388  \$52,389 - \$58,288  \$58,289 - \$64,188  \$64,189 - \$70,088  
 \$70,089 - \$75,988  \$75,989 - \$81,888  \$81,889+

### HOUSING:

Rent  Own  Homeless  Other:

The below is optional information:

### ETHNICITY:

Hispanic or Latino or Spanish Origin  NOT Hispanic or Latino or Spanish Origin

### RACE:

White  Black/African American  Native Hawaiian & Pacific Islander  Multi-Race (two or more)  
 Asian  American Indian  American Indian or Alaska Native  Other:

### MILITARY STATUS:

Veteran  Active Duty  Dependent of Veteran  Unknown  Not Applicable

### HEALTH INSURANCE:

Medicaid  Employer Issued  Military  Not Insured  
 Medicare  State Insurance  Direct Purchase  Unknown

### FAMILY TYPE:

Single Parent Female  Single Parent Male  Two Adults no Children  Two Parent Household  
 Multigenerational Household  Single Person  Other:

## HOUSEHOLD MEMBER INFORMATION

HH= Head of Household CH= Co-Head of Household DIS= Person with Disabilities <15= Minor under the age of 15 years of old  
62+= Person 62 years of age or older S>18= Fulltime student age 18 or over <18= Child under the age of 18 years

Name	HH	CH	DIS	62+	S>18	<18	<15	Highest Education Level Completed

By signing below I certify that the information provided on this form is correct to the best of my knowledge and that failure to disclose household or assets could be considered a criminal offense.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent, Guardian, or Witness \_\_\_\_\_ Date: \_\_\_\_\_  
(if the applicant is under 18): \_\_\_\_\_



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## PROGRAM INFORMATION

Please select which service(s) you are interested in:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Senior Programs            | <input type="checkbox"/> Youth Education & Training            | <input type="checkbox"/> Money Management                      |
| <input type="checkbox"/> Afterschool Programs       | <input type="checkbox"/> Career Readiness Skills               | <input type="checkbox"/> Financial Planning                    |
| <input type="checkbox"/> Sports & Recreation        | <input type="checkbox"/> Assistance filling out FAFSA          | <input type="checkbox"/> Emergency Services                    |
| <input type="checkbox"/> Summer Programs            | <input type="checkbox"/> Migrant Seasonal Farmworkers Programs | <input type="checkbox"/> Energy Assistance                     |
| <input type="checkbox"/> Basic Skills Development   | <input type="checkbox"/> Small/BIPOC Business Development      | <input type="checkbox"/> Weatherization of Home                |
| <input type="checkbox"/> GED Programs               | <input type="checkbox"/> Mortgage Counseling                   | <input type="checkbox"/> Home Rehabilitation Loan Program      |
| <input type="checkbox"/> Adult Education & Training | <input type="checkbox"/> Homeownership Counseling              | <input type="checkbox"/> Support Services for Veteran Families |
| <input type="checkbox"/> Other:                     |  |  |

### Release for Media Recording (Optional):

I, the undersigned, hereby consent and agree that OIC of Washington, its employees, or its agents have my permission to take photographs, videotapes, or digital recordings of me to use these in any and all media, now or hereafter known and exclusively for the purpose of OIC of Washington. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to OIC of Washington, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that OIC of Washington is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age. (If younger than 18 years old, a guardian, teacher or supervisor witness signature is also required).

I have read and understand the foregoing statement, and I am competent to execute this agreement freely and without duress.

Release for Media Recording (Please Select One):  Yes  No

Signature: \_\_\_\_\_

Signature of Parent, Guardian, or Witness  
(if applicant is under 18): \_\_\_\_\_



### Authorization for Release of Information

Registrant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize employers, schools and other service providers to release information to \_\_\_\_\_ and their contractor, OIC of Washington in order to assist them in providing me with services including training, employment, relocation assistance and/or follow-up services.

I further authorize the \_\_\_\_\_ and their contractor to place my program application and information in a common data bank, which shall be accessible by other service agencies providing applicable services.

I authorize the \_\_\_\_\_ and their contractor to have access to wage and employment information from my employers and through the Unemployment Insurance System. The use of this information shall be for the purpose of planning and providing me with services and meeting program standards.

This release takes effect upon the date of signature below, and will remain in effect for up to one year after my exit from the program. I understand that this information will be kept confidential as defined by federal, state, and local regulations. I also understand that I can withdraw this release of information at any time by submitting a written request to \_\_\_\_\_ or their contractor.

\_\_\_\_\_  
Registrant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if registrant is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date