

## Participant Information

First Name	Last Name	Opportunity Passport™ #
Street Address	City, State, Zip	County
Phone	Email	Date of Birth (MM/DD/YYYY)

Preferred contact method:  Phone  Text  Email

Preferred contact number and/or email address: \_\_\_\_\_

## Background Information

**Gender**  Male  Female  Other

**Race**  African American/Black  Caucasian/White  Latino or Hispanic  Asian  Native American  
 Native Hawaiian/Pacific Islander  Multiracial  Other \_\_\_\_\_

### How did you learn about Opportunity Passport™?

Biological Parent  Adoptive Parent  Foster Parent  Other Relative  Friend  
 DHS Worker  Service Provider  Juvenile Court  Education/School  AMP Member  
 Other \_\_\_\_\_

**Current foster care status:**  In foster care  Out of care  Aftercare

### Living Arrangement: Where are you currently living? (check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Living independently by self     | <input type="checkbox"/> Group home                 | <input type="checkbox"/> Supervised apartment               |
| <input type="checkbox"/> Living with a friend or roommate | <input type="checkbox"/> Emergency shelter          | <input type="checkbox"/> Transitional or supportive housing |
| <input type="checkbox"/> Home of birth parents            | <input type="checkbox"/> Adoptive home              | <input type="checkbox"/> Homeless                           |
| <input type="checkbox"/> Home of another relative         | <input type="checkbox"/> Home of a family friend    |   |
| <input type="checkbox"/> Foster family home               | <input type="checkbox"/> School dorm/campus housing |   |

**Marital Status:**  Single  Married  Divorced

**Children:** How many children do you have? \_\_\_\_\_

If you have children, how many of them live with you? \_\_\_\_\_

Have you ever attended an AMP meeting?  No  Yes

Are you interested in developing leadership skills?  No  Yes

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## Supportive Adult Contacts

**List contact information for the primary adult who will support your participation in Opportunity Passport™.**

**Primary Adult Contact:**

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First Name Last Name Relationship to You

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Street Address City, State, Zip

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Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™?  No  Yes

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**List contact information for at least one other different adult who would know how to reach you if you moved.**

**Primary Adult Contact:**

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First Name Last Name Relationship to You

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Street Address City, State, Zip

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Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™?  No  Yes

**Secondary Adult Contact:**

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First Name Last Name Relationship to You

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Street Address City, State, Zip

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Phone Alternative Phone Email

May we contact this person about your participation in Opportunity Passport™?  No  Yes

## Education

Are you currently enrolled in school?  Yes, full-time  Yes, part-time  Not enrolled

If enrolled, type of school:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Junior high/middle school | <input type="checkbox"/> Vocational school         | <input type="checkbox"/> Graduate school |
| <input type="checkbox"/> High school               | <input type="checkbox"/> Community college         | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> GED/HiSet                 | <input type="checkbox"/> 4-year college/university | (specify)                                |

Highest grade completed at this time: \_\_\_\_\_

Which of the following, if any, have you completed?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> GED/HiSet or High School Diploma | <input type="checkbox"/> 2-year college degree | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college                     | <input type="checkbox"/> 4-year college degree |  |
|   | <input type="checkbox"/> Some graduate school  |  |

## Employment

What best describes your current employment situation? (select one)

- Employed more than full-time (more than 40 hours per week)
- Employed full time (average 30 or more hours per week)
- Employed part-time (average less than 30 hours per week)
- Unemployed, currently seeking employment
- Unemployed, not seeking employment
- Disabled, not seeking employment
- In school or job training program and working
- In school or job training program and not working

If working, what is your current rate of pay? Per hour? \_\_\_\_\_ or per week? \_\_\_\_\_

About how much do you expect to earn from working this year? \_\_\_\_\_

Name of Employer \_\_\_\_\_

## Banking Information & Asset Goal

Do you have an open account?  No  Yes

If yes, what type of an account do you have?  Checking  Savings  Other

Name of Bank/Credit Union: \_\_\_\_\_ City: \_\_\_\_\_

What is your asset goal?

- |   |   |
|---|---|
| <input type="checkbox"/> Housing                | <input type="checkbox"/> Micro-enterprise |
| <input type="checkbox"/> Health                 | <input type="checkbox"/> Investment       |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Credit Building  |
| <input type="checkbox"/> Vehicle                | <input type="checkbox"/> Other _____      |

## Enrollment Commitments

I understand that to participate in Opportunity Passport™ I must:

- \_\_\_\_ (initial) Open an Opportunity Passport™ savings account within 30 days from the time I complete Financial Capability Training.
- \_\_\_\_ (initial) Complete the on-line Opportunity Passport™ Participant Survey each April and October.
- \_\_\_\_ (initial) Notify my provider **and** the Youth Policy Institute of Iowa of any changes to my contact information.
- \_\_\_\_ (initial) I agree that all information learned or obtained because of participating in Opportunity Passport™ will be kept confidential within the Opportunity Passport™ partner organizations and its evaluators.
- \_\_\_\_ (initial) I agree to maintain a minimum of \$65 in my Opportunity Passport™ account.

**My signature below certifies that all information provided on this enrollment form is accurate and complete to the best of my knowledge.**

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

**Participants under age 18 must have the consent of a parent or legal guardian:**

**My signature below certifies that I am a parent or guardian for the minor on this enrollment form and that I consent to the minor's participation in Opportunity Passport™. I also certify that all of the information provided on this form is accurate and complete to the best of my knowledge.**

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

Relationship to Participant: \_\_\_\_\_

## Submit completed form to:

**Opportunity Passport™**  
Evelyn K. Davis Center for Working Families  
1171 7th St. Des Moines, IA, 50314  
Email: [rgbibens@dmacc.edu](mailto:rgbibens@dmacc.edu)  
Phone: 515-697-1483

### *For Evelyn K. Davis Center Office Use Only*

Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Dates attended FCT \_\_\_\_\_  Data Entered into OPDS Initials \_\_\_\_\_

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative. Opportunity Passport™ is coordinated in Iowa by the **Evelyn K. Davis Center** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.