

FAST TRACK APPLICATION – Transitional Pathways Life Skills (Rev 6/2014)

Basic Food Employment and Training Program – Edmonds Community College

Fax Form To: 425-640-1496 or Email Penny.Robins@email.edcc.edu

Questions Contact Penny at 425 – 640 - 1451

Please Print

Name (Last, First): _____

*Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Is it OK to leave a detailed message? YES or NO

Email: _____ Is it OK to contact you via email? YES or NO

Referring Agency: _____ Contact Name: _____

Contact Phone # _____ and Email Address _____

****this information is received in a locking, on-campus office without public access; we need this information to obtain approval from DSHS for you to participate and receive funding from BFET and other resources.***

General Information:

1. Do you receive Food Stamps from DSHS? YES or NO
2. Are you employed? YES or NO
3. Are you receiving "TANF" (cash assistance) from DSHS? YES or NO
4. What is the best time to reach you? _____
5. Date you want to start the class? _____
6. Is Daycare needed to attend class? YES or NO
7. Are you? Single with Children or Couple with Children
8. Your education level is: Less than High School GED/High School Some College Degree

Authorization and Release of Information:

By signing below, I authorize the Edmonds Community College BFET Program to share necessary information with college staff, community and government partners for the purpose of determining eligibility for BFET. I certify that the information contained on this form is true and correct.

Signature _____ Date: _____

Notes: