



A Project of The Freestore Foodbank's Rosenthal Community Kitchen

Complete this application accurately and legibly. The information provided here will be used by Community Kitchen staff to better understand each potential trainee's situation and needs. All information will remain confidential.

Applications must include all documents (Police Report, Photo ID) and be properly filled out and completed.

PERSONAL INFORMATION

Date: _____

Name: _____

Male ___ Female ___

Email: _____ Phone Number: _____

Current Address: _____ DOB: ____/____/____

City: _____ Zip Code: _____ SSN#: _____

Race: _____ Of Spanish/Hispanic/Latino Origin? Yes No

Are you a U.S. citizen? Yes No Authorized to work in the U.S.? Yes No

INFORMATION ON HOUSEHOLD, TRANSPORTATION & LIVING SITUATION

Specify current housing Status:

- Own Staying with friend/family Homeless
- Rent Transitional shelter Other:

If in homeless or transitional shelter, please specify where: _____

Current Relationship status:

- Single Married Divorced Domestic partnership

Are you the head of your household? Yes No

How many children: _____ Ages of children: _____

If yes, how do you plan to maintain stable childcare during the program?

ELIGIBILITY REQUIREMENTS:

-All instruction for this program is conducted in English. Are you able to read, write and communicate in English proficiently? Yes No

-Are you able to regularly perform required kitchen duties as assigned for a 7 hour day? Including but not limited to:

- Standing for long periods of time
- Ability to bend and lift a minimum of 50lbs Yes No

This program is 10 weeks long and **requires** attendance from **8:00AM- 3:00PM**, Monday through Friday. Are you able to adhere to this schedule for the duration of the program? Yes No

If no, please explain: _____

-Can you remain drug free and sober for the length of the 10 week training program? Yes No

-Are you currently low-income? Yes No

-Are you currently unemployed? Yes No

ADDITIONAL INFORMATION:

-How did you hear about the Cincinnati Cooks program?

Craigslist Community Food Bank Customer Connection Center, Freestore Foodbank

Facebook Friend/Family Other: _____

Please write a brief paragraph explaining why you are interested in this program:

EDUCATION:

-Highest level of educational achievement: _____

-Other Special Training or Certifications: _____

-Do you have any prior food experience (e.g. employment, volunteer) or education?

Yes No

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to you: _____

Phone Number: _____

EMPLOYMENT HISTORY: *(Please provide complete information on your last three jobs, starting with the most recent. Note: Food experience is not a requirement for admission into the Cincinnati Cooks program).*

Employer (Company Name): _____

Name of Supervisor: _____

Supervisor's Phone#: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer (Company Name): _____

Name of Supervisor: _____

Supervisor's Phone #: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer (Company Name): _____

Name of Supervisor: _____

Supervisor's Phone#: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

SOCIAL SERVICES INFORMATION:

-Do you have a Case Worker/ Case Manger? Yes No

Name: _____ Agency: _____

Phone#: _____ Email: _____

-Do you currently have a source of income? Yes No

If yes, please circle the source(s) of income you currently receive:

Employment Family Support Unemployment Social Security Social Security Disability

Other (Please explain) _____

-Are you currently receiving any of the following benefits or services? Yes No

Please circle the source(s) of assistance you currently receive:

Food Stamps Medicaid/AHCCCS Cash Assistance SSI Unemployment Benefits

Other (Please Explain) _____

If yes, how long have you been receiving these benefits? _____

Please specify the amount you receive: _____

The staff at Freestore Foodbank wants to help all those who are enrolled in the program become as healthy, independent, and self-sufficient as they can be. In order to help you achieve your goals, both personal and professional, we would like to better understand what areas we could help you with while enrolled in our program. Please circle any service(s) that we can help you with:

Medical Care Mental Health Substance Abuse Treatment Clothing Dental Health

Domestic Violence Services Housing/Utility Services Food Programs

MEDICAL HISTORY AND INFORMATION:

-Do you currently have a Primary Care Provider (i.e. doctor)? Yes No

If yes, please indicate your doctor's name and phone number on the following line:

-Do you have any regular ongoing medical or behavioral health appointments? Yes No

If yes, please explain: _____

-Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you? Yes No

If yes, please explain: _____

-Are you currently taking any prescription medication? Yes No

If yes, please list the names and schedule taken: _____

-Do you have any side effects, such as drowsiness, impaired motor skills, or impaired judgment when taking these medications? Yes No

-Are you currently or have ever been in any type of drug or alcohol rehabilitation program?

Yes No

-Have you been diagnosed with Hepatitis A? Yes No

BACKGROUND INFORMATION

Do you have a probation or parole officer? Yes No

If yes, please indicate their name and phone#: _____

Do you have any court cases or legal issues pending? Yes No

If yes, please describe and provide date: _____

DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment in the program, I understand that false or misleading information in my application or during my interview may result in my release from the program.

If this application leads to enrollment in the program, I understand that I may be asked to take and pass a physical exam, drug and alcohol screening, have a TB test done, and/or have a doctor's release to participate.

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION (AND REQUIRED DOCUMENTS) TO:

Rosenthal Community Kitchen: Cincinnati COOKS!
1141 Central Parkway
Cincinnati, Ohio 45202

**For more information, please call Sarah Veness 513-482-7298.*