

## Opportunity Passport™ UPDATE SHEET

### Jobs for Maine's Graduates (JMG)

#### Personal Information

Name: \_\_\_\_\_

Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

D.O.B. \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Ethnicity \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Foster Care Status: In Care  Is this V-9?  YES  NO Out of Care

If in care, caseworker name: \_\_\_\_\_ Life Skills Worker \_\_\_\_\_

DHHS  Yes  No If no, other agency name: \_\_\_\_\_

Currently Living (please circle):

Living Independently by Self	Living Independently w/ Friend or Roommate	Home of Birth Parents	School Dormitory (including Indian Boarding School)	Home of a Relative
Adoptive Home	Home of a Family Friend	Regular Foster Care	Specialized Foster Care	Independent Living Program Housing
Individual home emergency shelter	Foster Family-based Treatment Home	Group Home	Group Emergency Shelter	Homeless

When did you begin living in your current living situation? (mm/dd/yy) \_\_\_\_\_

If you currently live with an adult, please provide name and relationship:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address, if known: \_\_\_\_\_

#### Contact Information

Enter the name and address of a parent or adult who would know how to contact you if you moved.

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (207) \_\_\_\_\_ Work Phone: (207) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address if known: \_\_\_\_\_

#### Background: Housing Status

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Number of adults in household: \_\_\_\_ Number of children you have: \_\_\_\_ Number of children in household: \_\_\_\_

Name: \_\_\_\_\_

**Background: School Information**

Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Type of School (choose one):**

High School	Community College	Vocational School	College	Other
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**Highest grade level completed (choose one):**

Grade K-5	Grade 6-8	Grade 9-12	High School Diploma/GED	Attended College	2 Yr Degree
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Name of School: \_\_\_\_\_

City & Address of School: \_\_\_\_\_

**Background: Employment Information**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ **Is this previous employment?** Yes No

**Job Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Terminated?** Yes No

**Status:** Full Time \_\_\_\_\_ Part-time \_\_\_\_\_ **Seasonal** \_\_\_\_\_ **Temp** \_\_\_\_\_ **Benefits:** Full Partial None

**Employment status (please circle):**

Working & in school	In school or job training program	Laid off, waiting for call back	Unknown
Currently seeking employment	Homemaker, not seeking employment	Disabled, not seeking employment	Retired, not seeking employment

Employer Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Nature of Employment: (food service, construction, etc. ) \_\_\_\_\_

**Hourly/weekly pay rate:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Second Employer, if any:**

**Job Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Terminated:** Yes No

**Status:** Full Time \_\_\_\_\_ Part-time \_\_\_\_\_ **Seasonal** \_\_\_\_\_ **Temp** \_\_\_\_\_ **Benefits:** Full Partial None

**Employment status (please circle):**

Working & in school	In school or job training program	Laid off, waiting for call back	Unknown
Currently seeking employment	Homemaker, not seeking employment	Disabled, not seeking employment	Retired, not seeking employment

Employer Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

**Hourly/weekly pay rate:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

Name: \_\_\_\_\_

**Bank Information**

WE NEED YOUR PERSONAL BANK ACCOUNT INFORMATION FOR DEPOSIT OF YOUR SURVEY STIPEND (April & October) and IN THE EVENT THAT AN EMERGENCY DEPOSIT NEEDS TO BE MADE INTO YOUR ACCOUNT. You will be paid \$60 into this account every April and October once you complete the survey.

<b>Personal Checking/Savings Bank Account</b>
Name of Bank or Credit Union: _____
Street, if known: _____
City, state: _____
Phone number: _____
Bank Account # _____
Routing (you can call your bank and get this) # _____
I have a debit or ATM card with this account <input type="checkbox"/> YES <input type="checkbox"/> NO Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings If under 18 years old, co-signer name & relationship to you _____
Date Account Opened: _____