



# Community Action Opportunities

HELPING PEOPLE. CHANGING LIVES.

## Life Works Program Application

**Life Works File Number:** \_\_\_\_\_

Applicant's  
Name:

\_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_ **Jr/Sr etc.**

Street  
Address:

\_\_\_\_\_ **Street, Box or Rural**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

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

Telephone: **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Message:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**What I want from Life Works is:** \_\_\_\_\_

**Goal 1:** \_\_\_\_\_

**Goal 2:** \_\_\_\_\_

Household Member	Social Security Number	Date of Birth	Age	Race	Relationship to Applicant	Male/Female	Highest Grade Completed	Marital Status
1.					Applicant			
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Who is Head of your household? \_\_\_\_\_

**Income: Please LIST all income and the source (Examples are: employment, unemployment, child support, Work First, Social Security, etc.)**

Household Member	Income Source OR Employer Name	Monthly Amount

**Total Monthly Income: \$ \_\_\_\_\_**

Do any of your children attend Head Start?

Child's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Head Start  
 Center: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may have to provide documentation to support it.**

**I am aware that I may be denied assistance if I am found ineligible. I understand I have the right to appeal any denial of service or assistance for which I may be eligible.**

**I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.**

**I allow release of information contained herein for the purpose of verification of my situation.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Interviewer's Signature**

\_\_\_\_\_  
**Date**

Life Works is a Self-Sufficiency Program that will assist customers in setting goals and gaining skills and knowledge, so they can earn income above Federal Poverty Guidelines and learn to be more successful in life.

### **LIFE WORKS PROGRAM APPLICATION INSTRUCTIONS**

1. Fill out a **Life Works Program** Application
2. **Mail or bring** your application to Community Action Opportunities at 25 Gaston Street, Asheville, NC 28801 Attention: **Life Works Program**
3. For more information about the **Life Works Program** or status of your application:  
Asheville: call 252-2495 or come to 25 Gaston Street, 28801  
Black Mountain: call 669-0099 or come to 301 East State Street, 28711  
Madison County: call 649-3231 or come to 104 North Main Street, Marshall 28753

There is a lot of information about the Program and a copy of the application on the Community Action Opportunities web site: [www.communityactionopportunities.org](http://www.communityactionopportunities.org)

#### **What Happens Next?**

1. A letter will be sent notifying you that we received your application. Your application will then be placed on our wait list.
2. When there is an opening, you will be sent another letter with the name of your Life Coach; at that time you can contact them to schedule an appointment. **If they verify that you are income eligible** then you and the Coach will determine if this Program is a good fit for you.
3. Please bring the following items with you to your first appointment. We cannot proceed with your eligibility review until we document the following information:
  - Your Driver's License or Picture Identification (or Birth Certificate)
  - Social Security Cards (or copies) for all family members in your household or Federal Identification Numbers
  - Proof of all sources of Income for 90 days, for all family members 18 and older. This can be paycheck stubs if working, a food stamp printout if you have no income. Copy of tax form if self-employed, child support received, unemployment, Pell Grant, SSI, SSA etc.

We consider someone to be a family member if you are married to them, if you are related to them by blood, or they are the parent of your child (or children) and they live in the home with you.