

Dear Prospective Member,

Thank you for your interest in Our Piece of the Pie, Inc. (OPP®). The mission of OPP® is to help urban youth become successful adults. Enrollment into OPP allows youth to discover their full potential and secure a better future. We are excited about the possibility of helping you achieve the same successes.

The first step towards enrollment in OPP® is to complete the attached Membership Application. You must return the application along with the required eligibility documents (within 30 days) in order for your application to be considered complete.

Should you become a member of OPP®, you will be eligible for an array of program opportunities, depending on your needs and interests, which include:

Youth Development Services – helps members assess their needs, identify strengths, and develop an Individualized Service Plan (ISP) that guides members toward their *Pathway to Success*;

Education Services – provides tutorial support, college/SAT preparedness, college retention services, and links to external resources;

Youth Businesses – provides members with experiential learning and pre employment exposure through programming such as River Wrights (Not Just) Boat Builders, Junior Art Makers (JAM), JAM Creation (Fashion), Multimedia (audio & video production);

Employment Services – prepares members for the world of work through career competency development training, internships, job placement assistance and job retention services;

Community Service/Service Learning Opportunities – allows members both short term and long term service opportunities such as National Youth Service Day and United Way Day of Caring.

Completed applications and required eligibility documentation can be delivered to 331 Wethersfield Avenue, Hartford, CT 06106 or 20-28 Sargeant Street, Hartford, CT 06105 between the hours of 9-5pm. Completed applications can also be faxed to 860-947-3156. If there are any questions please call 860-761-7350.

ELIGIBILITY DETERMINATION DOCUMENTATION

In order to determine your eligibility for membership to Our Piece of the Pie® (OPP) we must obtain the following eligibility documents:

Age Verification (choose one):

- ◇ Birth Certificate
- ◇ Driver's License
- ◇ CT Photo Identification Card

Proof of Address (choose one):

One piece of mail sent through postal service with your name and address or your parent or guardian's name and address.

- ◇ Cell Phone
- ◇ Home Phone
- ◇ Electricity
- ◇ Heating (gas/oil)
- ◇ School Documents

School Status (choose one):

- ◇ Most recent report card
- ◇ HS Diploma
- ◇ GED
- ◇ Special Education Status (if applicable)
- ◇ College transcript

Other Required Documents:

- ◇ Social Security Card - Copy
- ◇ Selective Service Registration - Copy (males 18 and over)
- ◇ Signed Equal Opportunity (EO) Grievance Review Checklist
- ◇ Completed Membership Application

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|--|-------------|---------------------------------------|-----------------------------------|------------|
| Last Name: | | First Name: | | MI: |
| Street Address: | | | | |
| City/State/Zip: | | | Phone (include area code): | |
| E-mail Address: | | | Cell Phone: | |
| Date of Birth (mm/dd/yy): | Age: | Gender (circle) Male Female | Social Security Number: | |
| Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <u>ALTERNATE CONTACT INFORMATION:</u> | | | | |
| Name: _____ Address: _____ | | | | |
| City: _____ State: _____ Zip: _____ Phone: _____ | | | | |
| Cell Phone: _____ Email Address: _____ | | | | |
| Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Spouse <input type="checkbox"/> Other | | | | |
| <u>EDUCATIONAL STATUS</u> | | | | |
| <input type="checkbox"/> Currently Attending School: _____ Grade: _____ | | | | |
| <input type="checkbox"/> Diploma/Equivalent Year: _____ <input type="checkbox"/> Attending College: _____ Year: _____ | | | | |
| <input type="checkbox"/> N/A Last School Attended: _____ Last Grade Completed: _____ | | | | |
| Need Assistance with: <input type="checkbox"/> Enrolling in School <input type="checkbox"/> Tutorial Support <input type="checkbox"/> College Enrollment <input type="checkbox"/> College Retention | | | | |
| <u>EMPLOYMENT STATUS</u> | | | | |
| <input type="checkbox"/> Currently Employed: _____ How Long: _____ | | | | |
| <input type="checkbox"/> Full Benefits: _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Currently Unemployed | | | | |
| Need assistance with: <input type="checkbox"/> Employment <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Corps <input type="checkbox"/> Military Services | | | | |
| <u>STATE/JUDICIAL INVOLVEMENT</u> | | | | |
| Please Check Applicable Boxes: | | | | |
| <input type="checkbox"/> DCF <input type="checkbox"/> Foster Care <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Parole/Probation <input type="checkbox"/> CSSD <input type="checkbox"/> Targeted Class (Emily J) | | | | |
| DCF Social Worker: _____ | | Phone: _____ | | |
| Email Address: _____ | | | Alt Number: _____ | |
| Case Link ID #: _____ | | Personal Link ID #: _____ | | |
| Probation/Parole Officer: _____ | | Phone: _____ | | |
| MST/MDFT Therapist: _____ | | Phone: _____ | | |
| Other Referral Source: _____ | | Phone: _____ | | |
| Program/Service of Interest: <input type="checkbox"/> Education Services <input type="checkbox"/> Employment <input type="checkbox"/> Youth Business <input type="checkbox"/> Vocational Training | | | | |
| Preferred Location: <input type="checkbox"/> North – 20-28 Sargeant Street <input type="checkbox"/> South – 331 Wethersfield Avenue | | | | |