



TRIUMPH KITCHEN
TRIONPH KITCHEN

320 Third Street, Baton Rouge, La 70801

(Cell) 337.852.5139/ (Fax) 225.250.5926

Application Date: _____

Name: _____

Social Security _____

D.O.B. _____ Age _____

Address

City, State,

Zip

Phone # _____ Cell # _____

Mother's Name _____

Father's Name _____

Mother's Address _____

City, State, Zip _____

Mother's Phone Number: _____

Father's Address _____

City, State, Zip _____

Father's Phone Number: _____

Legal Guardian Info (If different from above)

Name

Address

City, State, Zip

Phone # _____ Cell # _____ Work # _____

In Case of Emergency please contact:

Name:

Address

City, State, Zip

Phone # _____ Cell # _____

OR:

Name:

Address

City, State, Zip

Phone # _____ Cell # _____

Education:

High School Diploma Received (Yes/No) Highest Grade Level Completed

GED Currently Enrolled (Yes/No)

Name:

Address:

City, State, Zip

Ethnicity:

African American _____

Hispanic _____

White _____

Asian _____

Other _____

Gender:

Male _____

Female _____

Employment Status:

Employed (Yes/ No)

Where Employed _____

To be completed by student:

Family Situation:

Housing Status:

Married (Yes/ No)

Homeowner (Yes/ No)

Married with children (Yes/ No) How many? _____

Do you pay rent (Yes/No)

Number of people in your household _____ How much rent do you pay?

Income:

Earned income _____ AFDC _____ SS _____

Retirement _____ SSI _____ VA _____

Food Stamps _____ Child Support _____

Personal Issues/Concerns

Do you have a valid Driver's license or state I.D.? Yes No

Do you have a criminal record? Yes No

Are you currently on Probation? Yes No

Are you on Parole? Yes No

Name of Probation Officer? _____ Contact# _____

Name of Parole Officer _____ Contact # _____

Student Goals (Check all that apply)

- Improve reading skills _____
- Involve yourself in children's life _____
- Obtain high school diploma/GED _____
- Develop a better relationship with family _____
- Attend a college or university _____
- Become a homeowner _____
- Gain employment _____
- Be removed from public assistance _____
- Gain life skills _____
- Register to vote _____
- Other _____

What factors may prevent your daily attendance of classes/training?

- Work schedule _____
- Family problems _____
- Lack of money for bus tokens _____
- Lack of interest _____
- Transportation _____
- Lack of commitment _____
- Childcare _____
- Housing _____
- Clothing _____
- Time conflict with hours of the program _____
- No Washer/Dryer at home for uniforms _____
- Other _____

If you are employed, please provide a brief description of job and the name of your current manager and employer.

Medical History: To be completed by Parent/Guardian

Do you have a chronic medical condition medical? (Yes/No)

If yes, please explain:

Do you take medication? (Yes/No)

If yes, list the name of the medication and dosage:

Have you ever been involved in an accident? (Yes/No)

If yes, please give details:

Does the child or family have needs at this point, which you would like to see the Triumph Kitchen help address? Yes _____ No _____

Please explain if yes:

Please state you appropriate pant, shirt, belt and shoe size to ensure proper uniform attire for the workplace.

Pant size:

Shirt size:

Shoe size:

Belt Size:

* PLEASE KNOW THAT UNIFORM PURCHASES ARE NOT INTENDED FOR OVERSIZED FITTING.

ANY OVERSIZED FITTING OF UNIFORMS COULD RESULT IN TERMINATION.

*PLEASE NOTE THAT TRIUMPH KITCHEN WILL CONDUCT RANDOM DRUG TESTING THROUGH THE PROGRAM, IF TESTED POSITIVE, PARTICIPATE WILL BE TERMINATION FROM PROGRAM.

I agree that the above information is true to the best of my knowledge.

Participant's Signature Date

Parent/Guardian's Signature Date:
