



Reach Ahead Program Request for Enrollment/Review

Name _____ Telephone no. _____

Mailing address _____ Town you live in _____

Household Information – Starting with yourself, provide the following information for everyone who lives with you. Social security numbers are not required for people who are not asking for assistance.

Name			Social security number	Relationship to you	Date of birth	Last grade completed	Asking for assistance?
First	Initial	Last					
1.				SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Information - for yourself

Are you working? Yes Number of hours per week _____
Your current job _____
 No Date you last worked _____

Employment Information - for 2nd adult Name _____

Is this person working? Yes Number of hours per week _____
This person's current job _____
 No Date this person last worked _____

Does any adult have a physical, mental, or emotional condition that limits the ability to work? Yes No
If yes, who? _____

I understand that:

- Reach Ahead is a program of assistance and services for employed families with earnings who have left Reach Up or the Postsecondary Education program in the past 6 months.
- Reach Ahead benefits are issued on an EBT card and may be used only for food.
- Eligibility for this program requires that my family must enroll within 6 months after Reach Up or Postsecondary Education Program assistance closes, live in Vermont, have one or more dependent children living with the family, and include at least one adult who is meeting the applicable Reach Up work requirement.
- Participation in Reach Ahead is limited to no more than 12 months in a participating adult's lifetime.
- I will receive a notice of decision by mail.
- If I am eligible, I will receive \$100 to buy food each month for the first 6 months of Reach Ahead participation and \$50 to buy food each month for the 7th through 12th month of participation.
- I may be asked to provide proof of earnings (paystubs for the past 30 days or self-employment records for the past 3 months) and any additional verification needed to determine my eligibility.
- I may ask for a fair hearing on any action with which I disagree or feel was not acted on in a timely manner by contacting the district office or by writing to the Deputy Commissioner, Department for Children and Families within 90 days of the decision or action.
- If I believe I have been discriminated against because of race, color, religious creed, sex, disability, national origin, or political beliefs, I have the right to contact:

Deputy Commissioner
Economic Services Division
Department for Children and Families
103 South Main Street
Waterbury, VT 05671-5501

ADA Coordinator
Department for Children and Families
103 South Main Street
Waterbury, VT 05671-1201
(about discrimination due to disability)

I certify that the information in this request for enrollment is complete and true to the best of my knowledge and belief. I understand it is my responsibility to give all proof the department needs to make an eligibility decision.

Signature _____ Date _____
(Head of household or spouse)

Please send the completed form to: Application and Document Processing Center
103 South Main Street
Waterbury, VT 05671-1500