

Lake1Stop Registration

Please complete the following information to help us determine how we may assist you and what funding and/or services you may qualify for.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Alt. Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip	<input type="text"/>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>

Your Comments/Goals: _____

How did you hear about Lake1Stop?

Family/Friend Lake1Stop Website Church Employer ODJFS Library
Employer Job Fair @ Advertisement
Other _____

Staff Notes: _____

I agree that the staff of *Lake1Stop* may exchange and disclosed information on me to determine my eligibility for benefits and/or services provided by programs under the partner agencies. I further agree that information regarding any employment obtained may be verified by my employer.

Signature _____ Date _____