



The H.E.A.R.T. Program

Educational Programs Inspiring Communities Inc.

707 Lehman Street
Houston, TX 77018
(713) 491-6897

Application for Admission

Please Select One (1):

New enrollment

Re-enrollment

Please select which program you are applying for:

HEART-Vending & Concessions/Virtual training

HEART- Summer Internship Program

HEART-CVS

General Applicant Information

Name: _____ Citizenship: _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone _____ Alt# _____

Social Security: _____ - _____ - _____ Driver's License/ID #: _____

Male _____ Female _____ Ethnicity _____

Parent/Guardian Name: _____

Phone # _____ Cell Phone # _____

Email _____

Guardianship Information

Guardianship: Yes _____ No _____ In progress _____

Guardian (If applicable) _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

****Please provide proof of guardianship, such as a guardianship letter**

The H.E.A.R.T. Program and its facility is a drug-free zone



Benefits

Does applicant receive the following: (Check all that apply and list monthly award)

____ SSI \$ ____ ____ SSD \$ ____ ____ SNAP \$ ____

____ Medicare ____ Medicaid ____ Metro-Lift ____ HCS _____ VR

____ on the waiting list for benefits from MHMRA or another agency

*****Please provide proof of benefits, such as award letter or copy of card***

Agency Provider (If Applicable)

Agency _____ Case Manager _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

Level of Need (If Applicable)

(Please check one)

1 _____ 5 _____ 8 _____ 6 _____ 9 _____

Living Situation

Home _____ Independently _____ Group Home _____ Residential Facility _____

Transportation

Drives _____ Family _____ Metro _____ MetroLift _____ Group Home _____



Medical

Diagnosis _____

Date of Diagnosis _____

Does applicant have any physical disabilities: Yes _____ No _____

If yes, please explain _____

Can applicant take his/her own medication Yes _____ No _____

Does applicant need any special equipment or considerations _____ Yes _____ No

If yes, please explain _____

Does the applicant have any additional social limitations we must be aware of, please list

*****Please provide a copy of applicant's diagnosis***

Education

____ HS Diploma ____ GED ____ Technical ____ College ____ # years

Please list the names of each school attended and highest level of completion

School Name	Dates of Attendance
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1 _____

2 _____

3 _____

Applicant Employment History

Does applicant have any prior employment history? ____ Yes ____ No

If yes, please complete the provide information below:

Employer	Job Title /Responsibilities	Start Date-End Date

How did you hear about the HEART Program?

Additional Information

(Please list any additional information that you feel would be important)



I attest that all information provided is true to the best of my knowledge. I understand that intentionally omitting or falsifying information can lead to immediate termination from the HEART Program.

Applicant Signature

Date

Parent or Guardian (If applicable)

Date

Completed and signed applications may be submitted to:

Email: Sbaron@heartprogram.org
Ssimmonsgould@heartprogram.org (*HEART/ CVS applications*)

Fax: Shyra Baron (713) 263-3795
Sheree Simmons- Gould (713) 893-8857 (*HEART/ CVS applications*)

Mail: 707 Lehman Street
Houston, Texas 77018

Deliver 707 Lehman Street
Houston, Texas 77018
(*by appointment only*)

**Submitting Application Does Not Guarantee Acceptance Into
The HEART Program**