

Office Use Only
CR# _____
GC# _____

BENEFITS 2 WORK ENROLLMENT FORM

To protect your identity, all personal information is stored and protected using PII Compliance, the highest standard of data protection.

Application Date: _____

First Name: _____ MI _____ Last Name: _____

Date of Birth: _____ Applicant Age: _____ Pronouns: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Landline Phone: _____

Email: _____ Prefer Meeting Via Zoom Currently Employed

Primary Language: _____ Family Size: _____ Annual Income: _____

Emergency Contact Info

Name: _____ Relationship: _____

Phone: _____

ELIGIBILITY & BENEFITS

- San Francisco Resident
- Needs Employment/Benefits Counseling
- Age 60+
- Age 18+ with a disability

BENEFITS YOU ARE CURRENTLY RECEIVING

- SSA
- Housing
- TANF/CalWORKS
- Medi-Cal
- SSI
- VA Disability
- CAAP/GA
- Other: _____
- SSDI
- SNAP
- Medicare
- NONE

ALL INFORMATION BELOW IS VOLUNTARY AND WON'T AFFECT YOUR CURRENT BENEFITS

ETHNICITY

- Asian/Asian-American
- Hispanic/Latino
- Decline to State
- Black/African-American
- White/Caucasian
- Hawaiian/Pacific Islander
- Other: _____

OTHER PERSONAL CHARACTERISTICS AND INFORMATION

- BIPOC/Person of Color
- Socially Isolated
- Disabled
- Low Income
- LGBTQ+
- Failed to Find Employment
- Limited English Proficiency
- Low Employment Prospects
- Low Literacy Skills
- Other: _____

BENEFITS 2 WORK ENROLLMENT FORM

SEVERE/DEBILITATING IMPAIRMENTS

DAILY ACTIVITIES (2)

- Eating
- Dressing
- Bathing
- Grooming
- Mobility

Nursing Facility Services (1)

INSTRUMENTAL ACTIVITIES (3)

- Meal Prep
- Shopping
- Housework
- Managing Money
- Using Phone

SEXUAL ORIENTATION & GENDER IDENTITY

GENDER

- Female
- Male
- Transgendered
- Other: _____
- Decline to State

SEXUAL ORIENTATION

- Gay or Homosexual
- Straight or Heterosexual
- Lesbian
- Bisexual
- Not Sure/Decline to State

EDUCATION (select highest level completed)

- GED or Certificate of Equivalency
- High School Diploma
- Vocational/Technical Degree
- Associate Degree
- License(s): _____

- ____ years of college, but no degree
- Bachelor's Degree or equivalent
- Master's Degree
- Doctorate Degree
- Other: _____

AGREEMENT

Applicant FULL Name (please print)

Enrollment Date

Applicant's Signature (to be signed in person)

Signature Date

Program Navigator Name (please print)

Program Navigator's Signature

Signature Date

Director/Program Manager Name (please print)

Director/Program Manager's Signature

Signature Date

Please submit your completed form by using [this secure upload link](#) OR by emailing it to benefits@felton.org

Electronic Signatures

An electronic signature generally describes any type of digital marking used by a party to be bound to or to authenticate a record. By accepting these terms and typing your name in the box where appropriate, you are providing your acceptance of these terms in the same manner as if you physically signed a document. I understand that if I intentionally provide inaccurate information, I may be terminated from the BeneFITS 2 Work Program and may be subject to legal penalties.

This program serving the community is funded by the City of San Francisco's Department of Disability and Aging Services.