



OPPORTUNITY PASSPORT™

APPLICATION

TO BE ELIGIBLE TO PARTICIPATE IN THE OPPORTUNITY PASSPORT™ PROGRAM YOU MUST:

1. Be between the ages of 16 and 25
2. Have been in foster care in Mississippi for at least one day after your 14th birthday
3. Complete the eight Keys to Your Financial Future training modules
4. Have a checking or savings account at a bank or credit union
5. Have a working email address

Please call or text the program coordinator at 601-460-4436 if you would like to sign up for a training session, need help opening a bank account or setting up an email address, or have other questions.

PERSONAL INFORMATION			
First Name:		Last Name:	
Date of Birth:		Gender:	
Social Security Number:			
<i>First Place for Youth will provide your Social Security number to the Mississippi Department of Child Protection Services to verify that you were in foster care in Mississippi at least one day after your 14th birthday.</i>			
Race/Ethnicity (check one):			
Black/African Am.	White/Caucasian	Latino/Hispanic	Asian
Pacific Islander	Native American	Multi-racial	Other
Have you completed the Keys to Your Financial Future training?		Yes	No
When did you complete the Keys training (month and year)			
Who was your Keys trainer?			
Do you currently have a bank account?		Yes	No
If yes, what type of account(s)?	Savings	Checking	Both
Name of Bank or Credit Union:			
APPLICANT CONTACT INFORMATION			
Address:			
City:		ZIP Code:	
Primary Phone:			
Email Address:			
How did you learn about Opportunity Passport?			
What is the number one thing you are saving for?			
Vehicle	Housing	Education	
Credit Building	Health	Starting a Business	

FOSTER CARE STATUS				
Are you currently in foster care in the state of Mississippi?		Yes	No	
If no, were you in care after your 14th birthday?		Yes	No	
What is your current housing situation? (e.g., group home, foster home, apartment)		What was/is your County of Responsibility? (The county where you first came into state custody)		
ADULT SUPPORTER				
<i>Please provide the name and contact information of 1 adult supporter or contact. This should be someone who you would call in an emergency such as a friend, relative, mentor, etc.</i>				
Name:		Relationship:		
Address:				
City:		State:		ZIP Code:
Primary Phone:				
Email Address:				
May we contact this person about your participation in Opportunity Passport?		Yes	No	
MDCPS SOCIAL WORKER				
<i>If you currently have an MDCPS social worker, please provide their name and contact information.</i>				
Name:				
Address:				
City:		ZIP Code:		
Primary Phone:				
Email Address:				
May we contact this person about your participation in Opportunity Passport?		Yes	No	
EMPLOYMENT INFORMATION				
Employment Status:	Not Employed	Part Time	Full Time	
Employer Name:				
Position:				
EDUCATION INFORMATION				
Highest Grade Completed		Currently enrolled in school?	Yes	No
If yes, type of school:	Middle GED Program	High	Trade Other	College/University

RELEASE OF RECORDS CONSENT

Part 1: Records Shared with the Mississippi Department of Child Protection Services (MDCPS)

I understand that by submitting an application to participate in the Opportunity Passport program I consent to having my name and social security number provided to the Mississippi Department of Child Protection Services (MDCPS) for the sole purpose of verifying that I was in the custody of the state’s child welfare agency for at least one day after my 14th birthday.

First Place will provide MDCPS access to your name and social security number through a secure data exchange system. MDCPS will restrict access to this information to only designated staff members and will take precautions to ensure that individuals not authorized to view your name and social security number do not gain access to the data. MDCPS is prohibited from copying, printing, emailing, exchanging, or storing the data they receive from First Place about you outside of the secure data system (Mississippi Code § 43-15-21). If you would like more information, please contact the program coordinator at 601-460-4436.

Part 2: Records Shared with Opportunity Passport Partner Organizations and Evaluators

I understand that if I am accepted to participate in the Opportunity Passport program, information from this application will be shared with Opportunity Passport partner organizations and evaluators which include the Jim Casey Youth Opportunities Initiative and Child Trends. This information will not include your social security number, but may include any other information you share through this application. This information will be shared in a secure manner and will be used to manage the Opportunity Passport program and to evaluate the impact of the program on participants.

CONSENT TO COMMUNICATION

I agree to receive communication from First Place for Youth by text, phone, and email regarding the Opportunity Passport program.

CERTIFICATION OF APPLICATION

I certify that all information provided on this application is accurate and complete to the best of my knowledge. I understand that submitting an application does not guarantee my acceptance into the Opportunity Passport program.

Applicant Signature _____ Date: _____

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor on this application, I consent to the release of the applicant’s records as described above, and I believe all of the information provided on this application to be accurate and complete.

Signature _____

Date _____ Relationship to Applicant _____

Mail completed application to
FIRST PLACE FOR YOUTH
121 North State Street, Suite 100B
Jackson, MS 39201

Your application to participate in the Opportunity Passport program will be reviewed by program staff. Eligible applicants are accepted on a first come, first serve basis by region. You will be notified within **30 days** if your application is accepted and you will have 30 days to complete the enrollment survey. **Upon completion of the enrollment survey, your \$150 seed funds will be deposited into your account.**

FOR FIRST PLACE STAFF USE ONLY			
DATE RECEIVED		SURVEY ID ASSIGNED	