



2138 Lincoln Street
Williamsport, PA 17701

SERVICE NAVIGATION General Registration Form

Success Through Engagement & Partnership

Service/Referred by: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

Date of Birth _____ Phone _____ Phone _____ Fax _____

Social Security # _____ E-mail _____

Housing

- Own
- Rent
- Homeless
- Other

Gender: Male Female

(Optional) **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

(Optional) **Race:** _____

of Individuals in Household : _____

Are you a U.S. Armed Forces **Veteran?** Yes No

Do you have **Health Insurance?** Yes No

Do you have a Disability? Yes No

What grade did you complete in high school? _____

What level of training/college did you participate in after high school/GED? _____

Are you currently working with children and youth services? Yes No

Are you currently working with the juvenile probation office? Yes No

Source of Income (entire Household)*:

- No Income
- TANF
- SSI
- Social Security Disability
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Employment + Other
- Employment
- Other: _____

Family Type

- Single
- Single Parent Female
- Single Parent Male
- Two Parent Household
- Two Adults / No Children
- Other: _____

Application and Release of Information Signature

The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested. A photostatic copy of this authorization shall be considered valid.

Date: _____ Signature of Applicant _____

This release is effective while receiving services through Service Navigation not to exceed one year.

GRIEVANCE PROCESS

If you are determined ineligible through the Service Navigation General Registration (Community Service Block Grant) and disagree with this decision, you have the right to appeal. To appeal this decision, please submit your reason for disagreement along with your name, address, and telephone number in writing to Melissa Magargle, at 2138 Lincoln Street, Williamsport, PA 17701 or mamagargle@stepcorp.org. Your appeal must be mailed within 14 calendar days of being notified that you are not eligible for services. A written response to your appeal will be mailed within 14 calendar days of receipt.

