



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

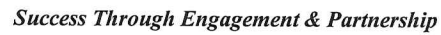
The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested or potentially available. A photostatic copy of this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

[illegible]

Service Assessment Questionnaire

Client Name:

Assessment
Date:

Birthdate:

Current Service Provision

Are you currently receiving STEP
services?

No

If yes, what STEP service(s)?

Are you currently receiving services
through another agency in the community?

Yes

If yes, through what agency/agencies?

Family Circumstances

Are you able to pay your monthly bills with
your current income?

Are you receiving cash assistance,
medical assistance, and/or food stamps?

Are you in need of safe, reliable child care
you can afford?

Are you currently expecting a child?

Do you have children living in your home
who are under age 5?

Do your children have needs that prevent
you from working?

Are you the caregiver of someone age 60+
who is living in your home?

Are you or anyone in your family
experiencing problems while living in a
long-term care facility?

Are you in need of supports for you or a
family member to remain at home?

Parenting Support

If pregnant or caring for a new born, would
you want assistance understanding your
baby's developmental needs?

Would you be interested in parenting
classes?

Are you divorced or separated with
children?

Housing / Living Arrangement

Are you currently homeless or in danger of losing your home?

If you are a homeowner, does your home require repairs that you cannot afford?

Does your residence need to be weatherized?

Are you in need of assistance with food?

Are you in need of assistance with utilities or fuel?

Transportation

Are you in need of dependable transportation?

Education

Do you have a high school diploma or GED?

Are you seeking education funding for current student loans or future education expenses?

Employment

Are you currently employed?

Are you age 55 or older and seeking employment?

Are you planning to seek employment in the next year or two?

Do you want to build or enhance your resume?

Health Care Providers

Are you in need of a primary care provider?

Are you in need of a dental provider?

Other:

Are you looking for volunteer opportunities?

Do you have any additional needs which were not discussed within this questionnaire?

Restriction: