



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

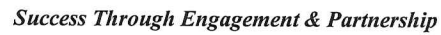
The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested. A photostatic copy of this authorization shall be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

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