



Central Care Mission is happy to offer you a pre screen application to determine if our program is a match for your current situation. These are the first items to know when applying:

- Central Care Mission requires a one year commitment.
- The program does not accept insurance and no money is due at the time of entry.
- One time \$135 application fee and \$170/weekly program fees are assessed at entry. Client begins to pay balance when employed.
- Cell phones are not permissible for a minimum of 6 months.
- Potential clients must be physically willing and able to work. Full disclosure of physical limitations is required during interview.
- Central Care Mission is not a medical facility and therefore is not able to care for individuals requiring ongoing medical care (i.e., colostomy bag, chemotherapy, hypodermic needles for injections, etc).
- Candidate may not have any sex crime convictions.
- Program obtains full time employment for clients.
- Program will transport clients to and from work, church and personal appointments.
- Clients must bring personal belongings to interview. Acceptance is based upon immediate entry.
- Interviews are scheduled Monday through Thursday Noon until 4:00pm.
- An in-person interview is required for acceptance.

Application being completed by:

- Self (potential client)
- Family Member / Name: _____ Relationship: _____
- Legal Counsel / Name: _____ Phone number: _____
- Case Manager / Probation Officer / Name: _____

First Name: _____

Middle Name: _____

Last Name: _____

Phone Number: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Are you currently homeless? Yes No

Where are you currently sleeping at night?

How did you hear about us?

Facebook/Instagram Compassion Corner Good News Breakfast

Other: _____

What is your drug of choice? _____

List any current medications: _____

List any mental health diagnosis you've received in the last ten years:

Are you currently on probation? Yes No

If yes, what county and state? _____

Do you have any upcoming court dates? Yes No

If yes, what date and what county? _____

Do you have any outstanding warrants for your arrest? Yes No

If yes, what county and state? _____

Consent to Background Check

In connection with your program participation, residency and/or employment with Central Care Mission of Orlando, Inc., notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for program participation or employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends, or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting Central Care Mission and Protect My Ministry (14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-321-5518). For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired or granted residency, will continue throughout the course of your employment and boarding, allowing Central Care Mission to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

Acknowledgement and Authorization

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Central Care Mission at any time after receipt of this authorization and throughout the course of my employment and residency, if applicable.

Print Name: _____

Signature: _____

Last Four Digits of SSN: _____

Date: _____

Background Check Information

(required upon admittance to CCM)

First Name: _____

Middle Name: _____

Last Name: _____

Mother's Maiden Name: _____

Other Names Used: _____

Date of Birth: _____

Gender: **Male / Female**

Social Security Number: _____

Ethnicity (circle one): *White*

Black/African American

Hispanic

Asian/Pacific Islander

Alaskan Native/American Indian

Driver's License or I.D. #: _____

Date License was Issued: _____

Address: _____

City: _____

State/Zip: _____

E-Mail Address: _____