



OUR MISSION
 Catholic Charities
 is building a just
 and compassionate society
 rooted in the dignity
 of all people

**Nurse Assistant/Home Health Aide (NA/HHA)
 Initial Application and Interview**

Please fill out the following application as using only print letters.

Your completed application can be emailed to NAHHA_Laboure@ccab.org or dropped off at 275 West Broadway, South Boston, MA 02127. If you have any questions please call 617-464-8500

Date: _____

Class Start Date Preference:

Month: _____ Classes (*circle*): Day or Evening

General Information

First Name: _____ Middle Name: _____ Last Name: _____

D.O.B: ____/____/____ Age: _____ Last 4 SSN: XXX – XX - _____ Gender: _____

U.S Citizen (Yes or No): _____ Country of Origin: _____ Veteran (Yes or No): _____

Race: <i>check off those that apply</i>	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Other
Ethnicity: <i>check off</i>	Hispanic or Latino			Non-Hispanic or Latino		

Address

Street Name: _____ Apt#: _____ City/State: _____, _____ Zip Code: _____

Contact

Primary Phone: _____ *Ok to text (Yes or No):?* _____

Secondary Phone: _____ *Ok to text (Yes or No):?* _____

E-mail (print clearly): _____

Emergency Contact

First Name: _____ Last Name: _____ Relationship: _____

Phone (*circle one*): [*Cell – Home – Work*] _____



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Questions

Do you have a disability (Yes or No): _____ Would you like to apply for SNAP? (Yes or No): _____

Do you receive non-cash benefits? _____

If yes Specify (circle): [SNAP] [WIC] [TANF] [Section 8] [TEMP. RENTAL ASSISTANCE]

Employment Information

Employed (Yes or No): _____ Looking for work (Yes or No): _____

Type (circle): [Full time] [Part time] [Multiple jobs] Tenure (circle): [Day Labor] [Permanent] [Seasonal] [Temporary]

Education

Currently in School? (Yes or No): _____ Highest Grade Completed: _____

Highest Degree Earned: _____ License Earned: (Yes or No; if yes specify) _____

Pregnancy Status

Are you currently pregnant? (Yes or No): _____ If yes, How far along are you? _____

Income

Source of Income (circle):

[Alimony/Child Support] [Employer Disability] [Employment] [Military Allotment] [Pension] [Social Security] [SSI] [SSDI] [SNAP] [TAFDC] [NONE] OTHER: _____
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Referral In

How did you hear about us? Circle which one applies.

[Web Search] [Friend or Family] [Mass Rehab] [STRIVE] [DCF] [DTA] [Past Student] (name) _____ [College] (name): _____ [Employee] (name) _____ [Catholic Charities Program] (name): _____ [Hospital] (name): _____ [Other] _____
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Questions in regards to Support Needed

Do you need support in any of the following areas? (If yes specify)

Income/ Basic Needs	Education/Employment	Health/Wellness
Legal Issues	Transportation	Childcare

Please respond to the following questions thoroughly. The purpose of the following questions is to assess your understanding of English and the mission of the NA/HHA Program. You must be able to read, write, and speak English fluently to ensure your success in the class.

What do you know about being a nursing assistant and/or a home health aide?

Have you taken care of anyone who was ill? How was that experience? If not, how would you imagine it being?

Describe your job experience: _____

Describe a strength, something you do very well. _____

Describe a weakness, something you do not do very well. (*We ALL have them!*) _____

Describe how you handled a difficult situation. _____

How do you manage stress? How do you take care of yourself? _____

What do you hope to get out of this program? _____
