



Dear Community Kitchen Academy Applicant:

Thank you for your interest in the **Community Kitchen Academy** Training Program. Our training is 9 weeks long and will meet daily 8:30 A.M. to 4:00 P.M., Monday through Friday at Capstone Community Action located at 20 Gable Place in Barre, VT.

Community Kitchen Academy (CKA) is an opportunity to develop a strong foundation of employable skills through an intensive program of culinary knowledge development, career readiness and job placement. CKA students actively develop and apply new skills by creating wholesome meals to help feed our neighbors, using quality food that may otherwise go to waste.

Please retain this letter as it contains vital information about the application process.

Enclosed is the application for admission to our program. An online application is available at www.vtfoodbank.org. Please return the completed application to the address listed below. Applications must have a current working phone number where a message can be left. **If we are unable to reach you at the phone number supplied, your application will be incomplete and therefore, not considered.**

Applicants must be able to meet the following **requirements**:

- At least 18 years old
- Possess basic literacy skills and speak English
- Underemployed or unemployed
- Able to meet low income requirements
- Desire to work in the food service industry
- High School Graduation or GED preferred (or currently in progress)
- Pass structured interview with CKA Chef Instructor
- Able to commit fully to 9-week program. Daily attendance is required. Students must be on time and prepare to stay the entire length of the program.
- Physically able to stand and work for 6 hours, able to lift 50 lbs, able to perform frequent bending and tolerate a hot kitchen environment
- Able to follow multi-step instructions in a fast-paced environment
- Capable of the manual dexterity required for proper knife use
- Have childcare, transportation and housing arrangements in order
- Adhere to host agencies drug, alcohol and tobacco policies.
- Provide information about any criminal background / history. Applicants will not be accepted into the CKA program if they are a registered sex offender, a violent criminal offender or listed on the Child Abuse and Vulnerable Populations registry

We are looking forward to receiving your application. Thank you in advance for starting the application process.

Sincerely,
Paul Falco, CKA Instructor
Capstone Community Action | 20 Gable Place | Barre, VT 05641
pfalco@capstonevt.org | (ph) 802-272-8911

Emmanuelle Soumeilhan
CKA Administrator
esoumeilhan@capstonevt.org | (cell) 802-505-5034



CKA BARRE | APPLICATION



For Office Use Only	
Received Date:	_____
Eligible Y/N:	_____
Interview Sched:	_____
Status:	_____
Entered in DB:	_____

Online application available at www.vtfoodbank.org

Date _____

Name _____

Phone (Home) _____ (Cell) _____ Text Y/N _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

E-mail _____

Age _____ Date of Birth _____ Gender Identity _____

Last 4 digits SSN: xxxx- xxxx - _____

Emergency Contact (Name & Phone) _____

REFERRAL INFORMATION

How did you hear about the CKA Program? (Circle all options that apply)

- Facebook
 - Instagram
 - World Newspaper
 - Saw a CKA Poster or Flyer
 - Friend or family member (NAME) _____
 - Other (Please List) _____
- Craigslist
 - Front Porch Forum
 - Seven Days
 - Montpelier Bridge

How did they hear about CKA? _____

Yes No

Do you have a Case Worker/Case Manager?

Name _____ Phone _____

Email _____ Agency _____



SUBSIDIES

Are you eligible or currently working with any of the following agencies for subsidies?

- Dept of Labor WIOA
 Voc Rehab
 REACH UP
 VSAC
 Dept of LABOR iCan
 Other: _____

Are you receiving 3Squares VT (Food Stamps)?	Yes / No
Have you ever received Food Stamps before?	Yes / No
If not, would you like to apply for 3SquaresVT/Food Stamps?	Yes / No

EDUCATION

- Yes No High School Diploma
 Yes No GED
 Yes No Some College
 Yes No College Degree
 Yes No Certificate / Educational Training Program

Please describe: _____

EMPLOYMENT

- Yes No Do you have any prior food service experience or education?

Please describe: _____

- Yes No Are you currently employed?

If Yes, where? _____

How many hours per week? _____ Current position: _____

HOUSING / TRANSPORTATION

- Yes No Do you have secure housing for all of the 9 weeks?
 Yes No Do you have transportation and are able to commute to our class location every day?

Please describe: _____

CHILDCARE

- Yes No If applicable, do you have adequate childcare for the 9 week session?

Please describe: _____



LEGAL INFORMATION

- Yes No Do you have any felony convictions?
- Yes No Have you ever been convicted of a sex offense or violent crime?
- Yes No Are you listed in the Child Abuse and Vulnerable Populations registry?

Applicants will not be accepted into the CKA program if they are a registered sex offender, a violent criminal offender or listed on the Child Abuse and Vulnerable Populations registry.

Please note that a background check will be required upon admission to the program.

HEALTH HISTORY

- Yes No Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you?
- Yes No Do you have a disability that substantially limits major life activities?
(Examples: mental illness, physical disability, substances abuse, development/learning disability)
- Yes No Do you have a food borne illness that prevents you from working with food?

HOUSEHOLD INFORMATION and COMPOSITION

- Yes No Do you have the legal right to work in the U.S?
- Yes No Are you able to speak and read English?
- Yes No Have you ever served in the armed forces?

Total # of People in Household? _____

Head of Household (check box that applies)

Female, Single Parent	<input type="checkbox"/>	Two Adults, No Children	<input type="checkbox"/>
Male, Single Parent	<input type="checkbox"/>	Two Parent Household	<input type="checkbox"/>
Single Person Household	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>

INCOME INFORMATION

Check off all sources of **income** received in the **past 6 months** for all members of your **household**:

	Self	Spouse / Partner	Other
Type of Income	CHECK BOXES BELOW		
Earned Income/Work for Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Disability Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private disability income (insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TANF -- Temporary Assistance for Needy Families (Reach Up benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement income from Social Security (SSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension from a former job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or other spousal support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other source (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Monthly Income: (report on the monthly average for the past 6 months)	Self	Spouse/Partner	Other
	\$	\$	\$

Total Monthly Income for ALL household members: \$ _____ x 12 = \$ _____

Are you able to support yourself financially during the training? Yes No

NON-CASH BENEFITS

Check off all **benefits** received in the **past 6 months** for all members of your **household**:

Type of Benefit	Self	Spouse / Partner	Other
Supplemental Nutrition Assistance Program (3Squares Vermont)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAID health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program (SCHIP) (Dr Dynasaur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration (VA) Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-funded services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8, public housing, or other rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Source (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographic questions to help us understand who we are reaching with this program. Do you Identify with any of the following?:

Race Choices: (select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity Choices: (select one)

- Hispanic/Latino
- Non-Hispanic/Latino



COMMITMENT

The CKA program is located at CVCAC, 20 Gable Place, Barre VT. The program is **9 WEEKS** long and **REQUIRES** attendance from: **8:30 AM to 4:00 PM Monday thru Friday**. (only a very small number of excused absences are allowable)

- Yes No Are you able to commit to the full schedule for all of the 9 weeks?
- Yes No Are you willing to adhere to policies and procedures related to attendance, punctuality and other course requirements?
- Yes No Are you able to commit to full or part time employment upon graduation?

PHYSICAL REQUIREMENTS

- Yes No Are you able to lift 50 pounds?
- Yes No Are you able to work in a hot / humid environment?
- Yes No Are you able to stand for 7 hours?
- Yes No Are you able to follow multi-step instructions in a fast paced environment?
- Yes No Are you able to perform frequent bending?
- Yes No Are you capable of the dexterity required for proper knife use?

TRAINING REQUIREMENTS

Please initial after each one that you agree to each requirement.

- At least 18 years old _____
- Possess basic literacy skills and speak English _____
- Underemployed or Unemployed _____
- Able to meet low income requirements _____
- Desire to work in the food service industry _____
- High School Graduation or GED preferred (or currently in progress) _____
- Pass structured interview with CKA Chef Instructor _____
- Able to commit fully to 9-week program _____
- Daily attendance is required _____
- Be on time and prepared to stay the entire length of the program _____
- Have childcare, transportation and housing arrangements in order _____
- Adhere to host agencies drug, alcohol and tobacco policies _____
- Agree to a criminal background check _____

Please describe any reason why you are unable to agree to any of the above requirements:



Confidential Information

It is our policy at Capstone Community Action to respect your privacy, guard your personal information, and to keep you informed of your rights. We adhere to the State of Vermont's Agency of Human Services Consumer Information and Privacy Rule. By signing below, you are providing informed recognition of your rights under said rule.

Inter-Disciplinary Teams

CVCAC staff may share information about you with the State of Vermont, contractors, and other service providers for the purpose of engaging in identifying, coordinating, planning, arranging, and providing services to you in order to carry out the Agency's statutory obligations and to help you to receive the services for which you are applying.

Program Administration

CVCAC staff will use and share individually identifiable information as required by our funding sources for the purposes of program administration. Examples include reporting, billing, and recordkeeping.

Certification

I give my word that the information that I provide in this application is true and complete to the best of my knowledge. I understand that if I knowingly provide false information that assistance may be denied.

Right to Appeal or Request a Variance

You have the right to appeal a denial or decision. Contact the Program Director for Family Community Support Services at 802-728-9506.

Disclaimer and Signature:

I release Capstone Community Action and Vermont Foodbank from any liability as a result of such contract. Capstone Community Action and Vermont Foodbank are not responsible for personal injury or damage, loss, or theft of my personal property. I understand that if I am accepted into the program, I will not be paid wages for work, but will receive the benefit of culinary training, life skills classes, and job placement assistance. I also understand that continued enrollment will be based on completion of a criminal background check, job-related physical examinations and successfully meeting training requirements.

Signature _____ Date _____

Please return this application to:

Paul Falco, CKA Instructor
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Barre, VT 05641
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