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 English and literacy skills
- Underemployed or unemployed
- Able to meet low income requirements
- Desire to work in the food service industry
- 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

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)________________________________________

Do you have? 1) a computer? Y/N 2) a smartphone? Y/N 3) internet service at home? Y/N

REFERRAL INFORMATION

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

Facebook Craigslist

Instagram Front Porch Forum

World Newspaper Seven Days

Saw a CKA Poster or Flyer Montpelier Bridge

Friend or family member (NAME)____________________ How did they hear about CKA?____________________

Other (Please List) __________________________

☐ Yes ☐ No Do you have a Case Worker/Case Manager?

Name______________________________ Phone________________________

Email______________________________ Agency________________________

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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: ________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you receiving 3Squares VT (Food Stamps)?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have you ever received Food Stamps before?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If not, would you like to apply for 3SquaresVT/Food Stamps?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

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:_________________________________________________________________

CHILD CARE

- 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?
☐ Yes  ☐ No  Are you working with a parole officer?

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)

<table>
<thead>
<tr>
<th>Female, Single Parent</th>
<th>Two Adults, No Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, Single Parent</td>
<td>Two Parent Household</td>
</tr>
<tr>
<td>Single Person Household</td>
<td>Other (describe)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Self</th>
<th>Spouse / Partner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income/Work for Wages</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Veteran’s Disability Income</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Private disability income (insurance)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Workers compensation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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TANF -- Temporary Assistance for Needy Families (Reach Up benefits)  □ □ □
General Assistance (GA)  □ □ □
Retirement income from Social Security (SSA)  □ □ □
Veteran's Pension  □ □ □
Pension from a former job  □ □ □
Child Support  □ □ □
Alimony or other spousal support  □ □ □
Other source (list)  □ □ □

<table>
<thead>
<tr>
<th>Total Monthly Income:</th>
<th>Self</th>
<th>Spouse/Partner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>(report on the monthly average for the past 6 months)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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:

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

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 English and literacy skills
- Underemployed or Unemployed
- Able to meet low income requirements
- Desire to work in the food service industry
- 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
Capstone Community Action
20 Gable Place
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pfalco@capstonevt.org | (ph) 802-272-8911

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