



SCAN AND EMAIL TO [CBARRETT@CAPNWMT.ORG](mailto:CBARRETT@CAPNWMT.ORG) OR DROP OFF AT 214 MAIN STREET KALISPELL, MT 59901

REQUIRED REGISTRATION FORM

WHAT CLASS ARE YOU SIGNING UP FOR? Budget 101 Thursday's at 1pm to 2pm circle date below

DATE OF WORKSHOP? In Person Class please circle date of the class you want to take. Must Pre-Register a week prior to the class. Class is held at 214 Main Street Kalispell. In case of a cancelation you will be notified that morning of the scheduled class by phone.

December 2019 12<sup>th</sup>  
January 2020 3<sup>rd</sup>, 16<sup>th</sup> and 30<sup>th</sup>  
February 13<sup>th</sup> 27<sup>th</sup>  
March 12<sup>th</sup>  
April 2<sup>nd</sup>, 16<sup>th</sup>, and 30<sup>th</sup>  
May 14<sup>th</sup> and 28<sup>th</sup>  
June 11<sup>th</sup> and 25<sup>th</sup>  
July 10<sup>th</sup>  
August 6<sup>th</sup> and 20<sup>th</sup>  
September 3<sup>rd</sup> and 17<sup>th</sup>  
October 1<sup>st</sup> and 15<sup>th</sup>  
November 5<sup>th</sup> and 19<sup>th</sup>  
December 10<sup>th</sup> and 31<sup>st</sup>

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME (CO-APPLICANT): \_\_\_\_\_

ADDRESS (PHYSICAL, NOT PO BOX): \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SECOND PHONE NUMBER: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME (INCLUDING ASL- AMERICAN SIGN LANGUAGE):

\_\_\_\_\_

APPLICANT	CO APPLICANT
RACE (CIRCLE AS MANY AS APPLY) WHITE, BLACK/AFRICAN AMERICAN, ASIAN, NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	RACE (CIRCLE AS MANY AS APPLY) WHITE, BLACK/AFRICAN AMERICAN, ASIAN, NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
FOREIGN BORN? YES OR NO	FOREIGN BORN? YES OR NO
ETHNICITY NOT HISPANIC / HISPANIC	ETHNICITY NOT HISPANIC / HISPANIC
GENDER MALE / FEMALE	GENDER MALE / FEMALE
HOW MANY PEOPLE ARE IN YOUR HOUSE HOLD? ____ MALE      FEMALE	CIRCLE ARE YOU A VETERAN OR ACTIVE MILITARY? YES OR NO
CIRCLE ARE YOU A VETERAN OR ACTIVE MILITARY? YES OR NO	HEAD OF HOUSEHOLD? YES OR NO
ARE YOU THE HEAD OF HOUSEHOLD? YES OR NO	ARE YOU THE HEAD OF HOUSEHOLD? YES OR NO
DATE OF BIRTH:	DATE OF BIRTH:
EDUCATION LEVEL (CIRCLE) COLLEGE-DOCTORATE COLLEGE-MASTER' DEGREE COLLEGE-BACHLOR'S DEGREE CERTIFICATE TRAINING VOCATIONAL SOME COLLEGE HIGH SCHOOL/GED PRIMARY NONE	EDUCATION LEVEL (CIRCLE) COLLEGE-DOCTORATE COLLEGE-MASTER' DEGREE COLLEGE-BACHLOR'S DEGREE CERTIFICATE TRAINING VOCATIONAL SOME COLLEGE HIGH SCHOOL/GED PRIMARY NONE
MARITAL STATUS (CIRCLE ONE) MARRIED, SINGLE, DIVORCED, WIDOWED	MARITAL STATUS (CIRCLE ONE) MARRIED, SINGLE, DIVORCED, WIDOWED
HOUSING STATUS (CIRCLE ONE)	HOUSING STATUS (CIRCLE ONE)
RENT, OWN, STAYING WITH FRIENDS/FAMILY, OTHER	RENT, OWN, STAYING WITH FRIENDS/FAMILY, OTHER
ESTIMATED HOUSEHOLD ANNUAL INCOME (HOURLY WAGE X HOURS PER WEEK X52) \$	ESTIMATED HOUSEHOLD ANNUAL INCOME (HOURLY WAGE X HOURS PER WEEK X52) \$
IS ANYONE IN THE HOUSE DISABLED? (CIRCLE ONE) YES NO	HOW DID YOU HEAR ABOUT THE CLASS? (CIRCLE ONE) CAP WEBSITE, FAMILY/FRIEND OTHER: