



Dear Prospective Member,

Thank you for your interest in Our Piece of the Pie, Inc. (OPP®). The mission of OPP® is to help urban youth become successful adults. Enrollment into OPP allows youth to discover their full potential and secure a better future. We are excited about the possibility of helping you achieve the same successes.

The first step towards enrollment in OPP® is to complete the attached Membership Application. You must return the application along with the required eligibility documents (within 30 days) in order for your application to be considered complete.

Should you become a member of OPP®, you will be eligible for an array of program opportunities, depending on your needs and interests, which include:

- Youth Development Services – helps members assess their needs, identify strengths/goals, and develop an Individualized Service Plan (ISP) that guides members toward their *Pathway to Success*;
- Academic Services – provides tutorial support, homework help, college/SAT preparation, college preparation, college transition and retention services, and links to external resources;
- Youth Businesses – provides members with experiential learning and pre- employment exposure through programming such as River Wrights (Not Just) Boat Builders, Junior Art Makers (JAM), M.U.S.E (audio & video production);
- Workforce Development Services– prepares members for the world of work through career competency development training, internships, job placement assistance and job retention services;

For further information about OPP visit our website at www.opp.org. Questions about the application/process or to return your completed application and required eligibility documentation, please visit/call your preferred site:

Hartford-Hours of Operation: Monday-Friday 9-5pm
Office location: 20-28 Sargeant Street, Hartford, CT
Phone: (860) 761-7300 Fax #: (860) 727-0627

Norwich- Hours of Operation: Monday-Friday 10-6:00pm
Office location: 309 Otrobando Avenue, Norwich, CT

ELIGIBILITY DETERMINATION DOCUMENTATION

In order to determine your eligibility for membership to Our Piece of the Pie® (OPP) we must obtain the following eligibility documents:

Age Verification (choose one):

- Birth Certificate
- Driver's License
- CT Photo Identification Card

Proof of Address (choose one):

One piece of mail sent through postal service with your name and address or your parent or guardian's name and address.

- Cell Phone
- Home Phone
- Electricity
- Heating (gas/oil)
- School Documents

School Status (choose one):

- Most recent report card
- HS Diploma
- GED
- Special Education Status (if applicable)
- College transcript

Other Required Documents:

- Social Security Card - Copy
- Selective Service Registration - Copy (males 18 and over)
- Signed Equal Opportunity (EO) Grievance Review Checklist
- Completed Membership Application

OPP MEMBERSHIP APPLICATION

Last Name:		First Name:		MI:	
Street Address:					
City/State/Zip:				Phone (include area code):	
E-mail Address:				Cell Phone:	
Date of Birth (mm/dd/yy):		Age:	Gender (circle) Male Female	Social Security Number:	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No					
<u>ALTERNATE CONTACT INFORMATION:</u>					
Name: _____ Address: _____					
City: _____ State: _____ Zip: _____ Phone: _____					
Cell Phone: _____ Email Address: _____					
Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Spouse <input type="checkbox"/> Other					
<u>EDUCATIONAL STATUS</u>					
<input type="checkbox"/> Currently Attending School: _____ Grade: _____					
<input type="checkbox"/> Diploma/Equivalent Year: _____ <input type="checkbox"/> Attending College: _____ Year: _____					
<input type="checkbox"/> N/A Last School Attended: _____ Last Grade Completed: _____					
Need Assistance with: <input type="checkbox"/> Enrolling in School <input type="checkbox"/> Tutorial Support <input type="checkbox"/> College Enrollment <input type="checkbox"/> College Retention					
<u>EMPLOYMENT STATUS</u>					
<input type="checkbox"/> Currently Employed: _____ How Long: _____					
<input type="checkbox"/> Full Benefits: _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Currently Unemployed					
Need assistance with: <input type="checkbox"/> Employment <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Corps <input type="checkbox"/> Military Services					
<u>STATE/JUDICIAL INVOLVEMENT</u>					
Please Check Applicable Boxes:					
<input type="checkbox"/> DCF <input type="checkbox"/> Foster Care <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Parole/Probation <input type="checkbox"/> CSSD <input type="checkbox"/> Targeted Class (Emily J)					
DCF Social Worker: _____				Phone: _____	
Email Address: _____				Alt Number: _____	
Case Link ID #: _____			Personal Link ID #: _____		
Probation/Parole Officer: _____				Phone: _____	
MST/MDFT Therapist: _____				Phone: _____	
Other Referral Source: _____				Phone: _____	
Program/Service of Interest: <input type="checkbox"/> Academic Services <input type="checkbox"/> Workforce Services <input type="checkbox"/> Youth Business <input type="checkbox"/> Vocational					
Preferred Location: <input type="checkbox"/> Hartford – 20-28 Sargeant Street <input type="checkbox"/> Eastern CT – 309 Otrobando Ave., Norwich, CT					