

If you would like to attend the Opportunity Conference please fill out this form and return it to Autumn Torres by April 27, 2018. Forms may be emailed to atorres@ofoinc.org or mailed/dropped off to Opportunities for Otsego, 3 West Broadway, Oneonta, NY 13820. Please note that the media will be present at the Opportunity Conference.

Adult(s) Name(s): _____

Primary language: _____ Phone #: _____

Check each of the boxes that apply to you.

Food Allergies if so please describe: _____

Special needs if so please describe: _____

I need transportation to the Opportunity Conference. I can be picked up at: _____

If you are planning on bringing your children with you please list them here. If you run out of room please provide the information on the back of this form.

Child 1: _____ Age: _____

Food Allergies if so please describe: _____

Special needs if so please describe: _____

Child 2: _____ Age: _____

Food Allergies if so please describe: _____

Special needs if so please describe: _____

Child 3: _____ Age: _____

Food Allergies if so please describe: _____

Special needs if so please describe: _____

Child 4: _____ Age: _____

Food Allergies if so please describe: _____

Special needs if so please describe: _____

Client/Parent/Guardian Signature: _____ Date: _____

Please tell us a about your situation. Please check all that apply.

Do you receive any of the following services:

- Medicaid
- HUD
- Public Assistance
- Public Housing
- SNAP
- Affordable Care Act Subsidy
- WIC
- Permanent Supportive Housing
- LIHEAP
- Housing Choice Voucher
- Child Care Voucher

I Am Experiencing the Following Stressors...
(Please Check All That Apply)

- Housing (homeless, late on rent, safety issues)
 - Lack of Social Supports (few family friends)
 - Transportation
 - Employment
 - Alcohol/Drug Use (current/in recovery)
 - I Have Concerns about Finances
 - I Do Not Have Health Insurance
 - Other (please describe) _____
-

Client/Parent/Guardian Signature: _____ Date: _____