

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](http://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](mailto:pfalco@capstonevt.org) | (ph) 802-272-8911

Emmanuelle Soumeilhan  
CKA Administrator  
[esoumeilhan@capstonevt.org](mailto: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](http://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 \_\_\_\_\_



**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?
- 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)**

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
<b>Type of Income</b>	<b>CHECK BOXES BELOW</b>		
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"/>

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

**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**:

<b>Type of Benefit</b>	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 Capstone Community Action, 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:

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**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**

Capstone Community Action 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**

Capstone Community Action 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  
Barre, VT 05641  
[pfalco@capstonevt.org](mailto:pfalco@capstonevt.org) | (ph) 802-272-8911

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