

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](mailto: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: \_\_\_\_\_

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: \_\_\_\_\_