

Beneficiary-Choice-Contracting Initiative

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ETA-9148-A

NEW CASE

OMB Control No: 1205-0455
Expiration Date: 01/31/2009
Grantee: INDIANAPOLIS PRIVATE INDU...
Grant No: YF-16500-07-60-A-18
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First name *
Middle initial
Last name *
Address 1
Address 2
City State Zip
Phone (nnn-nnn-nnnn)

City State Zip

Phone (nnn-nnn-nnnn)
Phone 2 (nnn-nnn-nnnn)
Other Phone (nnn-nnn-nnnn)
E-mail
Social Security Number (xxx-xx-xxxx)
Date of Birth * (mm/dd/yyyy)
Gender * Male Female
Ethnicity Hispanic/Latino * Yes No Not specified
(Select 'Not Specified' if the participant does not disclose his/her ethnicity)
Race * American Indian or Alaska Native Hawaiian Native or other Pacific Islander
(Choose all that apply; select 'Not Specified' if the participant does not report on this element)
 Asian White
 Black or African American Not Specified
Eligible veteran status *
Individual with a disability * Yes No
Non-Violent Offender * Yes No No, violent offender DOC assessed and referred
Personal contact name
Personal contact phone (nnn-nnn-nnnn)