



**Training, Education & Manpower, Inc.**  
30 Elizabeth Street • Derby, CT. 06418-1846  
203.736-5420 • FAX: 203.736-5425 • www.teaminc.org

Site: \_\_\_\_\_

Grant: \_\_\_\_\_

### IDA Pre-Application Form

I would like to apply to become a participant in TEAM, Inc.'s IDA Program.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Daytime): \_\_\_\_\_

(Evening): \_\_\_\_\_

(Cell): \_\_\_\_\_

**Family Information:** (Please circle one):

**Gender:** Male Female

**Marital Status:** Married Single Separated Divorced Widowed

**Number of Dependents:** \_\_\_\_\_

You must meet income eligibility and other requirements to be accepted into the IDA Program.

TEAM's IDA Program staff will make the final determination as to whether you are eligible for the Program. A member of TEAM's IDA Program staff will call you shortly to set up an appointment. Thank you for your interest in TEAM's IDA Program.