



APPLICATION FORM

Date: _____

Referring Person: _____

Referring Agency/Church: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Current Address/Residence:

Facility/Shelter (*if applicable*): _____

Street/Apt. _____

City/State/Zip _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address (*optional*): _____

Marital Status (*circle one*):

Single Married Separated Divorced Widowed Cohabiting

If married, spouses name a present address:

Name: _____

Address: _____

Number of Children: _____

Are you currently pregnant/expecting? Yes No Due date (if applicable): _____

Children's Names	Dates of Birth	Ages

Do your children reside with you? Yes No Some (*list names below*):

If you do not currently have custody of some or all of your children, please explain?

Is this a legal custody arrangement (i.e. court order)? Yes No

Do you have special concerns regarding any of your children that you want us to know about (i.e. emotional, behavioral, academic)? If yes, briefly describe below.

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____

Hours per week: _____ Hourly wage: \$ _____ Starting Date: _____

Position/Duties (*briefly explain*):

Previous Employment (*list most recent*):

Employer's Name	Position	Start Date (mo/yr)	End Date (mo/yr)	Reason for leaving:

FINANCIAL INFORMATION

Current Sources of Income	Amount Received (approximate if variable)	Indicate weekly, monthly, etc.

**Include wages, public assistance, social security, child support, child care subsidies, food stamps, housing/utility subsidies, WIC, etc.*

Please list income supports for which you've applied but are awaiting response:

Please estimate your current debt: \$ _____

EDUCATIONAL BACKGROUND

(Please check all appropriate items)

High School Diploma

Some College

G.E.D.

College Degree

Children: Yes No
If so, please describe: _____

Are you or your children currently under a physician's care for any of the above challenges?

Self: Yes No
Children: Yes No

Current Medications taken by you or your children (*prescribed by physician/over the counter medication; include birth control pills, allergy medications, etc.*):

Do you have a history of substance abuse (alcohol or drugs)? Yes No

If so, explain: _____

Are you currently using? Yes No

If not, how long have you been clean/sober? _____

Please briefly describe your recovery: _____

Most Recent Treatment Provider: _____

Address: _____

Phone: _____

Treatment Received: _____

Dates: _____

AGENCY INFORMATION

If you are presently associated in any manner with other social service agencies not previously noted, please list them here:

1. Agency Name: _____

Contact Person: _____

Phone: _____

Services Received: _____

2. Agency Name: _____

Contact Person: _____

Phone: _____

Services Received: _____

3. Agency Name: _____

Contact Person: _____

Phone: _____

Services Received: _____

LEGAL INFORMATION

Have you ever been convicted of any crimes? Yes No

If yes, please list charges: _____

Are you currently on parole/probation? Yes No

Are you seeking any legal services (i.e. custody, child-support, restraining order)? Yes No

If yes, what type of legal services are you seeking? _____

Do you owe any outstanding fines? Yes No

Estimated amount: \$ _____ owed to _____

Have you ever served in the military? Yes No

If yes, how long: _____ years Type of discharge _____

Do you have a current driver's license? Yes No

If no, have you ever had a permit or license in the past? Yes No

Are you a U.S. Citizen? Yes No

If no, are you eligible to become lawfully employed based upon your Visa or immigration status?

Yes No (*Bridge of Hope does not report immigrants without legal status*)

Describe your current housing situation:

Select the statement that best describes your current housing situation:

____ There is no foreseeable reason that I would have to move out of my current housing.

____ My current housing is temporary but I am able to stay for at least 60 more days.

____ I must find other housing in less than 60 days.

Describe your hopes and dreams for you and your children over the next two years:

What interests you most about Bridge of Hope's program?

I understand that my application to Bridge of Hope in no way guarantees my acceptance into the program. I understand that the information I have provided herein to Bridge of Hope will be used solely for the purpose of my personal evaluation and assessment of my needs and that no portion of my application will be discussed with or released to anyone without my signed written consent and personal knowledge. The information on my application as given to Bridge of Hope is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____