

**Teens with Promise  
Application for Assistance  
Fax number 1-866-853-4463  
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**1.) Name of Youth referred:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade point Average \_\_\_\_\_ Current Grade level \_\_\_\_\_

**2.) Name of Youth referred:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade point Average \_\_\_\_\_ Current Grade level \_\_\_\_\_

**Head of Household (First, Last Name):** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_  Full-time  Part-time Yearly Salary \_\_\_\_\_

**Spouse/Significant Other living in Home (First, Last)** \_\_\_\_\_

**Spouse/Significant Other current employer:** \_\_\_\_\_

Position(s) Held: \_\_\_\_\_  Full-time  Part-time Yearly Salary \_\_\_\_\_

**Financial Information must be completed**

Annual combined household income of all adults living in the home \$ \_\_\_\_\_

Does anyone receive: Medicaid Yes No Who \_\_\_\_\_

Social Security Yes No How much per month \_\_\_\_\_

Child Support Yes No How much per month \_\_\_\_\_

Other Yes No How much per month \_\_\_\_\_

Has your child been seen at Children of Promise before? Yes No When \_\_\_\_\_

Please list all children in household

Name of Children in Household	Sex M/F	Date of Birth	School Attending	Grade Level

Military Service: Branch: \_\_\_\_\_ Enlist Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Are you receiving services from DHS? Yes/NO Are you receiving TANF Funds? Yes/NO

Is your child in foster care? Yes/NO

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**What assistance is your child in need of?**

School Supplies \_\_\_\_\_ Tutoring \_\_\_\_\_ Summer School \_\_\_\_\_ School Advocate \_\_\_\_\_  
 Clothing for Everyday Wear \_\_\_\_\_ Clothing for a Job Interview \_\_\_\_\_ Formal Wear \_\_\_\_\_  
 Winter Coat \_\_\_\_\_ Sports Physical \_\_\_\_\_ Sports Equipment \_\_\_\_\_ Shoes \_\_\_\_\_  
 Medical Services \_\_\_\_\_ Dental Services \_\_\_\_\_ Holiday Gifts \_\_\_\_\_

Other:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent questionnaire: (please complete the following survey)**

Have you lost your job in the past year?	Yes	No
Are you currently homeless, or have you been homeless in the previous 60 days?	Yes	No
Has there been a change in your living situation in the previous 60 days?	Yes	No
Do you currently live with the student here today?	YES	No
I have good relationships with my child [indicate degree of agreement/disagreement].	Yes	No
Is money a concern for you?	Yes	No
I am currently involved in one or more legal services because of my behavior. [e.g., criminal charges, probation services, parole services, victim restitution]	Yes	No
I can manage my daily routine.	Yes	No
I am currently receiving the health care services that I need.	Yes	No
I am currently receiving the mental health [e.g. counseling] services that I need.	Yes	No
I believe that I have the skills and abilities to solve most of my problems.	Yes	No
I am able to manage the stress and problems in my life.	Yes	No
I rarely have a problem that is too big for me to handle.	Yes	No
I believe that my life will turn out OK.	Yes	No
I believe that I can make a positive difference in the world.	Yes	No
I believe that I can do most of the things I want to do in life.	Yes	No
My highest grade completed? _____.		

I feel \_\_\_\_\_ [satisfied, unsatisfied, etc.] about my access to reliable transportation.

I feel \_\_\_\_\_ [satisfied, unsatisfied, etc.] about my access to health care.

I feel that my housing situation is safe and stable [indicate degree of agreement/disagreement].  
 Agree little 1 2 3 4 5 6 7 8 9 10 Disagree

**Teens with Promise works closely with your child’s school and may be sharing information about our child. If this is of concern, please contact a Teens with Promise staff member.**

\_\_\_\_\_  
 Signature of Guardian

\_\_\_\_\_  
 Date