

Life INC Application Form



Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____

Email: _____

1. List everyone living in your home (starting with your name). Children are welcome, and childcare is provided during classes.

| Name | Date of Birth | Relationship (girlfriend, son, etc.) | Will they come with you to Life INC? | Allergies, medical problems or conditions we should know about |
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2. Marital Status: Single Married Living with someone

3. Are you: Male Female

4. Is there a particular class you want to take or an area in which you're looking for help?

5. Are you currently employed? Full-time Part-time No

Employer's name _____

6. I am currently a student. Yes No

7. Check the highest level of education, training or work experience for the adults in your household:

Some High School High School Diploma/GED Some College College Degree
 Other _____

8. What is your personal support system? Family Friends Church Other

9. Are you dealing with any life issues, losses or difficulties that we should know about to best help you? _____

10. Church you attend (if any)? _____

11. List any agencies or churches you are working with or receiving assistance from: _____

12. Where did you hear about Life INC?

Family/Friends Advertising Church Social services agency Co-worker Other

13. Some of our classrooms are only accessible by stairs. Please note any accommodations you may need. _____

14. Check those that apply to you:

I own my home I have a checking account I receive child support
 I rent my home I have a savings account I pay child support
 I have medical insurance

15. Do you deal with mental health issues?

Yes Explain: _____ No

16. What problems are people in your household facing? Please check all that apply.

Major health issues Children's behavior issues Managing money
 Recent unemployment Long-term unemployment Not enough food
 Drug abuse in the home Alcohol abuse in the home Lack of education
 Domestic violence Medical expenses Dealing with creditors
 Low wages Lack of reliable transportation Gambling problems

I verify that the above information is true and complete to the best of my knowledge. I give Love INC permission to verify all information in this document. I understand that this information is confidential and will not be shared outside of Love INC without my prior consent.

Signature

Date

Signature

Date

Return this form to:



Love INC of the Black Hills
PO Box 3255
Rapid City SD 57709
Fax: 605-716-4963
Email: mail@love-inc.us

We will call you or email you to confirm that we have received the application, and visit about the best class for you.