

River of Life

WOMEN'S LIFE SKILLS TRAINING CENTER
1300 N. Washington
Livingston, Texas 77351

Debby Schmidt, Director
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APPLICATION FOR PROGRAM SERVICES

Family Information						
Name:	Date of Birth:					
Address:	Phone Numbers Home: Work: Cell: Alternate:					
Child(ren) Name(s) 1. 2. 3. 4. 5.	Date of Birth:					
Religious or Civic Group (if applicable):						
What is the highest level of education you have completed? (circle one)						
8 th	9 th	10 th	11 th	12 th	HS Diploma	GED
Have you attended college? (circle one)		Yes No If yes, how many years? _____				
Did you receive a college degree? (circle one)		Yes No If yes, what degree? _____				
Please list other education (including military):						
List children or other family members who are attending school or other training programs:						
Name	School	Grade/Program				
1.						
2.						
3.						
4.						
5.						
What hobbies or interests do you have? (include all family members)						

Medical/Emotional Concerns

Physician's Name:

Address:

Phone Number:

Do you have medical insurance for yourself? (circle one)

Yes No If yes, list the name of the insurance provider and type of coverage:

Do you have medical insurance for your child(ren)? (circle one)

Yes No If yes, list the name of the insurance provider and type of coverage:

Do you, or any member of your family, have any medical issues or concerns? (circle one)

Yes No If yes, please explain:

Are you, or any member of your family, currently taking any medication? (circle one)

Yes No If yes, please indicate type of medication and who is taking it:

Are you, or any member of your family, currently in or ever received any type of counseling? (circle one)

Yes No If yes, please explain:

Have you, or any member of your family, been diagnosed with any type of mental illness? (circle one)

Yes No If yes, please explain:

Alcohol/Substance Abuse

Does anyone in your home struggle with an alcohol or substance abuse problem? (circle one)

Yes No If yes, please explain:

Is the person(s) in the previous question receiving any type of treatment, attending a support group or rehabilitation program or have they in the past? (circle one)

Yes No If yes, please explain:

Employment

Place of Employment

Name:

Address:

Phone Number:

Does your job adequately serve the financial needs of your family? (circle one)

Yes No If no, please explain:

If you are not currently working, state the last job you had and the reason you left:
Please indicate the amount you are currently receiving for the following (if applicable): Alimony - \$_____ Child Support - \$_____ TANF - \$_____ Disability - \$_____ Other _____
What is your total weekly income after taxes? \$ _____
Do you want to change jobs? (circle one) Yes No If yes, please explain:
If you want to change jobs, what kind of work would you like to do?
If you <u>do not</u> want to change jobs, is there possibility for any advancement in your current position or in the company?
What kind of additional education or training would you need/want to make your future better?
Housing
What best describes your current housing/living situation? (circle one) House (own) House (rent) Apartment Townhouse/Condo With Family With Friends Shelter Other _____
Do you have subsidized housing? (circle one) Yes No If yes, do you consider this temporary or permanent? _____
How many different places have you lived within the past year?
Support/Assistance
Please list all agencies, congregations or centers that you are currently working with or have received help from within the past year:
Transportation
Do you own a vehicle? (circle one)

<p>Yes No</p> <p>If yes, please indicate the following: Make: _____ Model: _____ Year: _____</p>
<p>Do you borrow a vehicle? (circle one)</p> <p>Yes No If yes, please explain:</p>
<p>If you do not have a vehicle, what is your primary mode of transportation?</p>
<p>Has inadequate transportation prevented you or your spouse from getting to/from work within the past year? (circle one)</p> <p>Yes No If yes, please explain:</p>
<p>Childcare</p>
<p>Do you currently have childcare: (circle one)</p> <p>Yes No</p>
<p>If you answered yes to the previous question, is the childcare adequate? (circle one)</p> <p>Yes No If no, please explain how inadequate childcare has prevented you from working within the last year:</p>
<p>Does your child(ren) need childcare? (circle one)</p> <p>Yes No If yes, please indicate which child(ren):</p>
<p>Personal</p>
<p>Who referred you or how did you hear about River of Life Women's Life Skills Training Center?</p>
<p>Please indicate what family you have nearby and your relationship with them:</p>
<p>Explain in detail how you would like to better your life in the future:</p>
<p>What help do you need to better your life in the future?</p>

<p>What are you willing to do to help better your life in the future?</p>
<p>List your personal and/or family goals in order of priority:</p> <p>1.</p> <p>2.</p> <p>3.</p>

The information provided in this application is true and accurate to the best of my knowledge. I understand that this information will be used only by the staff of River of Life Women's Life Skills Training Center and/or my mentor. I further understand that the information will be used as a means to help me create a plan of action to begin working towards my goals related to my current situation.

Signature

Date

I give the staff of River of Life Women's Life Skills Training Center permission to share my information given in this application/interview with a mentor, care team or church as necessary to arrange a mentoring relationship for me and my family.

Signature

Date

Emergency Contact Information	
Name:	Relationship:
Address:	
Phone Number:	

River of Life

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Onalaska, Texas 77360

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CLIENT RELEASE FORM

I, the undersigned, do hereby authorize River of Life Women's Life Skills Training Center staff, mentors or consultants to release any and all relevant information pertaining to my work with them. This may include disclosures of a personal nature concerning family members or myself. I understand that this information will be disclosed within the confines of a professional relationship between River of Life Women's Life Skills Training Center personnel and representatives of the referring organizations, and will remain confidential.

Signature

Date