

Bridges of Hope Delaware County Getting Ahead Program Application

Date: _____

Name: _____ Marital

Status: _____

Date of Birth: _____ Gender: _____ Race/

Ethnicity: _____

Phone: _____ How do you want to be contacted? Text _____ Phone
call _____

Mailing

Address: _____

_____ Email

address: _____

_____ Emergency

Contact: _____

Someone who can always get ahold of you: Name and phone
number: _____

Child(ren) - (Number and
ages): _____

Referring Person/Agency: _____

Phone: _____ Email: _____

How did you first hear about the Getting Ahead Program?

- Do you have a job? If so, what is it and how long have you had it?

- Number of hours currently working? _____

- Do you go to school or a training program? If so which one?

- What are your career hopes, your dreams, or your expectations for your life?

- Where are you living and with whom?

- Are you in need of alternate housing?
-

- Is your housing affordable?
 pay more than 50% of income pay less than 30% of income
 pay less than 50% but more than 30% not paying rent and living with others

- Is your transportation affordable?
 pay more than 50% of income pay less than 50% but more than 30%
 pay less than 30% of income

- Child care
 not available available but inadequate to meet my needs
 not needed available and adequate with subsidy
 available and adequate without subsidy

Please circle if you currently receive any of the following:

Food Stamps Temporary Assistance Child Support Medicaid/Health Insurance
 Supplemental Security Income (SSI) Social Security Disability (SSD) WIC

As of today, do you have.....

- A plan for how you are going to make your life more stable? Yes
 No
- A safe and stable place to live? Yes
 No
- A reliable means of transportation? Yes No
- A friend who will help you out in a crisis? Yes No
- A family member who will help you out in a crisis? Yes No
- Do you feel you struggle to survive each day? Yes
 No
- Do you worry about your future? Yes No
- Are you concerned about your children's future? Yes No
- Health insurance for yourself? Yes
 No
- Health insurance for your children? Yes No
- Do you smoke? Yes
- Do you currently use alcohol? Yes
 No
- Do you currently use drugs? Yes No
- Do you have mental health concerns? Yes
 No
- Do you have physical health concerns? Yes
 No
- Do you and your children feel safe from violence? Yes No
- Make decisions based on future outcomes rather than your immediate feelings? Yes
 No

- Have you ever been to rehab or received substance abuse services? If yes, where and when: _____

- Are you currently on probation? If yes, who is your probation officer?

Applicant Signature

Date Signed

Submit, mail or E-mail the completed application to:

Nancy Edwards

delbridgesok@gmail.com

1-918-257-1230

P.O. Box 453045 Grove, OK. 74345