



Please answer each question completely and thoroughly so that we have a clear picture of your background, career and academic goals, and current relationships. All information provided will remain confidential.

Date of Application: _____

IDENTIFYING INFORMATION

Name (First, Middle Initial, Last)

Maiden Name (or any other name you have gone by)

Street Address

City State Zip

Email Address

Cell Number Work/Other Phone

Date of Birth Current Age

Race Ethnicity

Driver's License Number

Social Security Number

Social Media Account Names:

Facebook

Twitter

Instagram

Snapchat

If unable to reach you via phone numbers listed above, please provide alternate number: _____

Are you a citizen of the United States? (double click to select) YES NO

If NO, are you authorized to work in the United States? YES NO

How did you hear about The New Beginnings? (provide name of source: website, Facebook, agency, person and relationship, etc.):

If referred by a church, please list the name of the referring church: _____

Please list your previous addresses, beginning with the most recent:

Address:	Dates:	Reason for Moving:

RELATIONSHIP HISTORY

Marital Status? (double click to select)

Married Divorced Never Married

(Ex)Husband's Name

Age

Describe your current relationship with your (ex)husband, including his character, employment, education, co-parenting expectations, vehicle, and current location, etc.:

List all previous marriages:

(Ex)Husband's Name:

Date of Marriage Date of Divorce

(Ex)Husband's Name:

Date of Marriage Date of Divorce

(Ex)Boyfriend's Name:

Age:

Describe your current relationship with your (ex)boyfriend, including his character, employment, education, co-parenting expectations, vehicle, and current location, etc.:

CHILDREN

Please list all of your children below:

	Child's Name	Sex	Date of Birth	Age	Grade	Father's Name	Lives with you?
1							
2							
3							
4							
5							
6							

Do you have **legal**, documented custody of each of your children? YES NO If not, please explain:

Are you currently pregnant? YES NO If yes, what is the due date: _____

School/daycare your child(ren) currently attend: _____

FAMILY INFORMATION

Please provide the following information regarding your extended family (include any supportive relatives that are an integral part of your life, as well):

Relation	Full Name	Full Address	Phone Number
Father:			
Mother:			
Sibling:			
Sibling:			
Sibling:			
Sibling:			
Other:			
Other:			

FAMILY RELATIONSHIPS

Please describe your relationship with your child(ren):

Please describe your child(ren)'s relationship with their father:

Please describe your child(ren)'s relationship with their grandparents:

Please describe your relationship with your parents:

If applicable, please describe your relationship with any other supportive relatives:

PHYSICAL AND MENTAL HEALTH HISTORY

For the following questions, please respond for both you and your child(ren).

Do you/your child(ren) have any existing illnesses? YES NO If so, please describe:

Have you/your child(ren) been hospitalized in the past 12 months? YES NO If so, please describe:

Please list all medications that you/your child(ren) currently take (include medication name and dosage):

Have you/your child(ren) ever had a psychiatric or psychological evaluation? YES NO If so, please explain:

Have you/your child(ren) ever been in a psychiatric hospital? YES NO If so, please explain:

Are you/your child(ren) currently seeing a psychiatrist or psychologist? YES NO If so, please explain (including the practitioners name and date you began services):

Have you/your child(ren) ever been prescribed an anti-depressant, anti-anxiety, or other psychotropic medication? YES NO If so, please provide medication name, dosage and prescriber (i.e. psychiatrist, primary doctor, etc.):

Have you/your child(ren) ever attempted suicide or had any suicidal thoughts? YES NO If so, please explain:

Do you/your child(ren) have any history of fire setting, aggressive behavior or cruelty to animals? YES NO If so, please explain:

Have you/your child(ren) ever been physically abused? YES NO If so, please explain:

Have you ever had any involvement with Department of Children and Families (DCF)? YES NO If so, please list the date(s) and circumstances surrounding the referral(s):

If you are currently working with another agency, please specify the program and/or services you are receiving:

SUBSTANCE USE & CRIMINAL HISTORY

Have you ever used drugs? YES NO If so, list type and how often:

Do you currently smoke or vape? YES NO If so, how much?

Do you drink alcohol? YES NO If so, how often?

Have you ever lived in a homeless shelter? YES NO If so, please explain when and where:

Have you ever been convicted of a misdemeanor or felony? YES NO If so, please explain:

Have you ever been accused of any crimes involving children? YES NO If so, please explain:

Do you have a current indictment against you? YES NO If so, please explain:

Do you have any current charges pending against you? YES NO If so, please explain:

Are you currently on probation? YES NO If so, please explain:

EDUCATION HISTORY

What was the last grade you completed?: _____

Do you have a High School Diploma or GED? YES NO

Have you taken any college entrance exams? YES NO

Have you taken any remedial courses for college? YES NO

Are you currently enrolled in a Certification or Degree program? YES NO

If so, where are you enrolled, what program are you enrolled in, and when do you expect to graduate?:

Please describe any other training (including job training) programs you have completed:

Have you ever received a pell grant or educational loan(s) at any time? If so, please explain (including dates, amounts, and if you have any loans in default, etc.):

INTERESTS & GOALS

Please explain your current circumstances, including your housing and employment situation, relationships, etc.:

Briefly describe your religious beliefs and background:

At The New Beginnings, our focus is on assisting participants while enrolled in a Certification or Degree program so that, in time, they can become independent and self-sufficient. What do you specifically hope to accomplish as a participant in The New Beginnings program?

What are your special interests and abilities?

Please explain your Educational goals (including the Certification/Degree program you currently hope to pursue, how long you believe it will take you to accomplish your goals, and also any long-term educational goals you hope to achieve in the next 5-10 years).

WORK HISTORY

List employment, beginning with most recent:

Business Name:			
Address:			
Supervisor Name:		Dates Employed:	
Position Held:		Reason for Leaving:	
Hourly Rate:		Hours Per Week:	

Business Name:			
Address:			
Supervisor Name:		Dates Employed:	
Position Held:		Reason for Leaving:	
Hourly Rate:		Hours Per Week:	

Business Name:			
Address:			
Supervisor Name:		Dates Employed:	
Position Held:		Reason for Leaving:	
Hourly Rate:		Hours Per Week:	

REFERENCES

Employer Reference:

Name:		Business:	
Address:		Phone:	

Family Member Reference:

Name:		Relationship:	
Address:		Phone:	

Friend Reference:

Name:		Years Known:	
Address:		Phone:	

Other Professional Reference (teacher, pastor, doctor, etc.):

Name:		Business:	
Address:		Phone:	

FINANCIAL & TRANSPORTATION INFORMATION

Do you currently have a vehicle? YES NO

If so, please provide the following information:

_____	_____	_____	_____
Year	Make	Model	License Plate #
_____		_____	
Running Condition		Value	

As of today's date:	Yes	No	If so, please provide:	
Do you have car insurance?			Insurance carrier name:	
Do you have a valid driver's license?			State of valid ID:	
Do you have private medical insurance?			Insurance carrier name:	
Do you receive Medicaid benefits?			Managed Care Provider name:	
Do you receive WIC assistance?			Date of re-certification:	
Monthly Income Sources:	Yes	No	Monthly Amount:	
Do you receive wages/income from employment?				
Do you receive food stamps?				
Do you receive social security benefits?				
Do you receive TANF assistance?				
Do you receive child support payments?				
Do you receive any other income?				
Total Monthly Income:				
Monthly Expenses:	Yes	No	Monthly Amount:	
Do you have any existing medical expenses?				
Do you currently have housing expenses (mortgage or rent)?				
Do you currently have car insurance expenses?				
Do you currently have electric expenses?				
Do you currently have water/sewer expenses?				
Do you currently have telephone & internet expenses?				
Do you currently have daycare expenses?				
Do you currently have transportation expenses (auto loan, gas, tolls, etc.)?				
Do you currently have any other monthly expenses?				
Total Monthly Expenses:				
Debt Source (loans, credit cards, collections debts):	Total Owed:	Monthly Due Date:	Monthly Amount:	Amount Past Due:

CURRENT NEEDS

Listed below are some needs commonly expressed by parents. Please check the items that you feel you need help in that area (fill in any other needs not listed under "Other")

<input type="checkbox"/>	Childcare needs	<input type="checkbox"/>	Help with Education	<input type="checkbox"/>	Community resources		Smoking/vaping
<input type="checkbox"/>	Budgeting skills	<input type="checkbox"/>	Help with GED	<input type="checkbox"/>	Discipline techniques		Breaking bad habits
<input type="checkbox"/>	Parenting skills	<input type="checkbox"/>	Bible Studies	<input type="checkbox"/>	Nutrition		Other:
<input type="checkbox"/>	Job skills	<input type="checkbox"/>	Time Management	<input type="checkbox"/>	Meal planning		
<input type="checkbox"/>	Career counseling	<input type="checkbox"/>	Conflict w/ relatives	<input type="checkbox"/>	Sibling rivalry		
<input type="checkbox"/>	Resume writing	<input type="checkbox"/>	Improving self-esteem	<input type="checkbox"/>	Being more assertive		
<input type="checkbox"/>	Organizational skills	<input type="checkbox"/>	Relationships	<input type="checkbox"/>	Alcohol addiction		
<input type="checkbox"/>	Housekeeping skills	<input type="checkbox"/>	Counseling needs	<input type="checkbox"/>	Drug addiction		
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Medical/Dental needs	<input type="checkbox"/>	Pornography		

Please explain how your spiritual, parenting, academic, and career goals make you a good fit for The New Beginnings:

Additional comments:

The information contained in this application is correct to the best of my knowledge. I understand that the completion of this application does not guarantee acceptance into The New Beginnings program.

Applicant's Signature

Date