

# Teens with Promise

# Parental Application 2018/2019

Office 719-266-0106  
Fax number 1-866-853-4463

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 current employer: \_\_\_\_\_

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

**Financial information must be completed: (incomplete applications will be denied)**

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

Does anyone receive: Unemployment Yes No How much per month \_\_\_\_\_

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

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

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

Other Yes No \_\_\_\_\_

Medicaid Yes No Who \_\_\_\_\_

**Please total and list yearly amount** \_\_\_\_\_

Has your child been seen at Teens with 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

