

**PLAN (Parent Leadership Advocacy Network) Program Application**

*Thank you for your interest in the PLAN program at Tampa Bay Academy of Hope. Please complete the following application form to get started.*

**Applicant Information**

- **Full Name:** \_\_\_\_\_
- **Address:**
  - Street: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State: \_\_\_\_\_
  - ZIP Code: \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Preferred Contact Method:** (Phone/Email) \_\_\_\_\_
- **County of Residence:** (Hillsborough/Polk/Pasco) \_\_\_\_\_
- **Languages Spoken:** \_\_\_\_\_

**Family Information**

- **Number of Children:** \_\_\_\_\_
- **Children's Ages:** \_\_\_\_\_
- **Are there any specific parenting challenges you are currently facing?**
  - (Please briefly describe) \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Program Interests**

- **What aspects of the PLAN program are you most interested in?** (Check all that apply)
  - ☐ Parenting Classes
  - ☐ Networking Opportunities
  - ☐ Accessing Community Resources
  - ☐ Workshops and Seminars
  - ☐ Other (Please specify) \_\_\_\_\_

- **What do you hope to gain from participating in the PLAN program?**

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### Availability

- **Preferred Days for Program Participation:** (Check all that apply)
  - ☐ Monday
  - ☐ Tuesday
  - ☐ Wednesday
  - ☐ Thursday
  - ☐ Friday
  - ☐ Saturday
- **Preferred Time of Day:**
  - ☐ Morning
  - ☐ Afternoon
  - ☐ Evening

### Additional Information

- **How did you hear about the PLAN program?** \_\_\_\_\_
- **Do you have any special needs or require accommodations to participate in the program?** (Please describe) \_\_\_\_\_

### Emergency Contact Information

- **Full Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### Signature

- By signing this application, I confirm that the information provided is accurate and that I am interested in participating in the PLAN program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Submit Your Application

Please submit your completed application to [tlamb@tampahope.org](mailto:tlamb@tampahope.org), [info@tampahope.org](mailto:info@tampahope.org), or [dreed@tampahope.org](mailto:dreed@tampahope.org) or mail it to Tampa Bay Academy of Hope, 7402 N 56<sup>th</sup> Street, Suite 400, Tampa, FL 33617. If you have any questions, feel free to contact us at (813) 620-4029.