



Parenting Program Application

For Office Use Only
Case #:
Date Closed:
Reason:

Contact Information

Name(s):
Address:
City: State: Zip:
Phone (cell/work/home):
E-mail:
Emergency Contact (#):

Birth Date:
Contact by mail ok? Yes | No
Contact by phone ok? Yes | No
Leave a message ok? Yes | No
Contact by text ok? Yes | No
Contact by e-mail ok? Yes | No

Applying for: Earn While You Learn Dads Matter (Group) Both

Additional Information

Race: African American Asian Caucasian Hispanic Native American Multi Other

Marital Status: Single/Unmarried Engaged Married Separated Divorced Widow
Lives with:

Education: College Grad College HS Grad HS Student MS Student Non-student
Current or Previous School:
Occupation and Location:

Do you have any spiritual beliefs?: Yes | No Place of worship:

Religious Preference: Christian Atheist Catholic Jewish Hindu Other:

Resource/Referral Information

How did you hear about this program (DHHS/Friend/Facebook/etc) ? :
Have you been to Life Choices before?: Yes | No
If "Yes", what services did you receive and under what name?
Purpose of Participation (Goal):

I certify that the information contained in this application is correct to the best of my knowledge. I understand that false information in my application and/or during any appointments may result in release of this program.

Client Signature: Date:

For Office Use Only:
Enrolling Prenatally: Yes | No (Verification of pregnancy: Yes | No)
Current LCCM Medical Patient: Yes | No
Notes:
Staff Initials: