

**Teens with Promise
Application for Assistance
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

