



ReNew
Recovery Café

APPLICATION

Name: _____ Date of birth: _____

Spouse name: _____

Address: _____

Phone (cell): _____ Home: _____

Email: _____

Please list names of ALL adults in household:

Please list the children in household:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Do your children live with you? Y N If not, where do they live? _____

Do you have visitation rights? Y N Are there other children in the household? Y N

REFERRAL

I was referred to Getting Ahead class by: _____

Phone: _____ (This person may be contacted to discuss your situation.)

EMPLPOYMENT

Place of employment:

Job title: _____ Length of employment: ____

EDUCATION

Highest grade completed (circle) 1–6 7–8 9 10 11 12 Assoc. BA/BS Master's

Currently enrolled in (education program):

Date enrolled: _____ Anticipated completion date: _____

INCOME

Please circle all sources of income:

Wages TANF SSI Unemployment Child Support Other: _____

Total monthly income from all sources \$ _____

TRANSPORTATION

Do you have a working vehicle? Y N OR Are you on a bus route? Y N

Other:

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

☐	Head Start
☐	Energy assistance (OG&E, OHS, LIHP, Catholic Charities, First UM church, Sec. 8)
☐	Food stamps/SNAP/WIC
☐	Free/reduced school lunches
☐	Academic financial aid
☐	TANF
☐	Salvation Army
☐	DRS vocational rehab
☐	Adult education (GED)
☐	Drug court
☐	Celebrate Recovery
☐	Other:

Place a check next to the areas where you are experiencing difficulties:

☐ Employment	☐ Isolation	☐ Parenting
☐ Transportation	☐ Housing	☐ Legal
☐ Training/education	☐ Alcohol/drugs	☐ Healthcare costs
☐ Budgeting	☐ Dental/vision	☐ Boundaries

I certify that the following are true (check):

- ☐ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am fairly stable. (You can explain this further in the interview.)
- ☐ I give permission for Bridges staff to talk to referring source about participant's life situation, strengths, and barriers
- ☐ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange childcare during the interview.
- ☐ I am willing to commit to a 18–20-week training course. (Approx. three hours one night per week, childcare and dinner provided.)

PHOTO/VIDEO RELEASE

If you are selected as one of our participants/Investigators, do you authorize Bridges staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y** **N** If no, please explain:

NOTE

We will be serving a meal. If you have any food allergies, it is your responsibility to ask about ingredients. We are not responsible for any allergy or medical reaction you may have.

When you sign this page, you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Bridges Out of Poverty initiative and track progress toward goals.

Signature: _____ Date: _____

This is an application for the Getting Ahead training; it *does not* guarantee you will be accepted. You will be contacted for an interview approximately one month prior to the next class starting. If your contact number changes after you have submitted this application, you are responsible for informing the Bridges staff as soon as possible.

Thank you!

Please mail, email, or deliver to:



ReNew Recovery Cafe
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Daytona Beach, FL 32114
386-333-9022
hello@renewrecoverycafe.com

