

MOV2LIV FOUNDATION

Registration Form

Purpose: To collect basic information from individuals interested in receiving services or participating in the program. All fees are non-refundable and non-transferable.

Contact Info.

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Is this an emergency request? ☐ Yes ☐ No



Demographic Information (Optional but Encouraged for Program Reporting):

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

Race/Ethnicity: _____

Veteran Status: ☐ Yes ☐ No

Disability: ☐ Yes ☐ No

Senior: ☐ Yes ☐ No

Teen Parent: ☐ Yes ☐ No

Single Parent: ☐ Yes ☐ No

Primary Language: _____

How did you hear about Mov2Liv? ☐ Referral ☐ Online ☐ Flyer ☐ Friend/Family

☐ Other:

Briefly describe why you're registering with Mov2Liv:

Signature: _____ Date: _____

Print Name: _____

Office Use Only: Accepted ____ Rejected ____ NOTES:



PREPARED BY:

DATE:

MOV2LIV – Qualification Application

Purpose: To determine eligibility for services offered by Mov2Liv Foundation.

1. Are you currently homeless or at risk of homelessness? ☐ Yes ☐ No

If yes, please explain: _____

2. Do you currently receive any of the following (check all that apply):

☐ SSI/SSDI ☐ TANF ☐ SNAP/Food Stamps ☐ Medicaid ☐ None

3. Do you have any physical, mental, or emotional challenges that impact your ability to live independently? ☐ Yes ☐ No

If yes, please describe: _____

4. What type of support are you seeking from Mov2Liv? (Check all that apply):

☐ Transitional Housing ☐ Permanent Housing ☐ Transportation Assistance

☐ Job Readiness/Training ☐ Food ☐ Furnishings ☐ Bill Pay ☐ Clothing

☐ Financial Assistance. Amount \$_____ ☐ Life Coaching

5. Do you have any dependents? ☐ Yes ☐ No

If yes, how many? ____ Ages: _____

6. Are you currently working? ☐ Full-Time ☐ Part-Time ☐ Not working

If not, when was your last job? _____

7. Monthly Income (Estimate): \$_____

8. Monthly Expenses (Rent, Food, Utilities): \$_____

9. Have you ever been convicted of a felony? ☐ Yes ☐ No. Charges:



Do you need your record expunged (optional): ☐ Yes ☐ No.

10. Any additional information we should know to serve you better?

Signature: Date: _____ / _____ / _____

Print Name: _____

Do not write below this line.

Office Use Only: Intake Fee \$2500.00

Paid: ☐ Yes ☐ No

Actions Taken NOTES:

