

**Community Action Partnership of Western Nebraska  
Transitional Living Program and Maternity Group Home TLP  
Application**

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

Personal Information

Name (head of house hold): \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Race: African American Caucasian Hispanic Asian Native American

Ethnicity: Hispanic Non Hispanic

Have you been convicted of a Felony: yes no / If yes give: Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you served in the Military: yes no / If yes give: discharge date: \_\_\_\_\_

Status at discharge: \_\_\_\_\_

Spouse name: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Sex: Male Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Race: African American Caucasian Hispanic Asian Native American

Ethnicity: Hispanic Non Hispanic

Have you been convicted of a Felony? yes no / If yes give: Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you served in the Military? yes no / If yes give: discharge date: \_\_\_\_\_

Status at discharge: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Parenting Information

Pregnant? Yes No Due Date: \_\_\_\_\_

Parenting? Yes No

<u>Child(ren)'s name</u>	<u>Sex (M/F)</u>	<u>Date of Birth</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Information

Currently attending School? Self: Yes No Spouse: Yes No

Highest grade completed? Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

Where did you complete to this grade? Self: \_\_\_\_\_

Spouse: \_\_\_\_\_

Currently working towards GED? Self: Yes No Spouse: Yes No

If yes, please give the number of test yet to complete:

Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

If yes, where are you enrolled at? Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

Do you have a Diploma or GED? Date achieved? \_\_\_\_\_

(circle one)

Does your spouse have a Diploma or GED? Date achieved: \_\_\_\_\_

(circle one)

Employment Information

<b>Are you currently working?</b>	<b>Self: Yes No</b>	<b>Spouse: Yes No</b>
<b>If yes where?</b>	Self: _____	Spouse: _____
<b>How long?</b>	Self: _____	Spouse: _____
<b>Name of Supervisor?</b>	Self: _____	Spouse: _____
<b>Wage per hour?</b>	Self: _____	Spouse: _____
<b>Take home pay per check?</b>	Self: _____	Spouse: _____

Please answer the following questions

**How did you hear about the TLP/MGHTLP?** \_\_\_\_\_  
\_\_\_\_\_

**What are you expectations of TLP/MGHTLP?** \_\_\_\_\_  
\_\_\_\_\_

**What would you like to accomplish while in TLP/MGHTLP?** \_\_\_\_\_  
\_\_\_\_\_

**What is you most immediate need?** \_\_\_\_\_  
\_\_\_\_\_

**What questions do you have for us?** \_\_\_\_\_  
\_\_\_\_\_

References (please list three)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*After this application is completely filled-out, please mail or return to:*

***Cheryl Coffey  
Transitional Living Program and Maternity Group Home TLP  
1412 2<sup>nd</sup> Ave # 3  
Scottsbluff, NE. 69361***

Office use only

Interview scheduled: \_\_\_\_\_

Housing situation: \_\_\_\_\_

Received homeless letter? Yes No