

The Family Partnership Program

Partner Family Application

Please Print Clearly

Applicant (Partner family/individual)* _____ Sex (M/F) _____ (231) _____
 Phone
**Each person seeking a mentor must fill out a separate application & release*

Address _____ City _____ MI _____
 Zip Code _____

e-mail address _____

Other adult members of the household and their relationship to the applicant:

1. _____
2. _____
3. _____

Names of children under age 18 and their ages:

Education level of adult members of the household:

Applicant

High school graduate? _____
 Technical training _____
 Some college courses _____
 Two-Yr college degree _____
 Other _____

Other Adult #1

High school graduate? _____
 Technical training _____
 Some college courses _____
 Two-Yr college degree _____
 Other _____

Other Adult #2

High school graduate? _____
 Technical training _____
 Some college courses _____
 Two-Yr college degree _____
 Other _____

Other Adult #3

High school graduate? _____
 Technical training _____
 Some college courses _____
 Two-Yr college degree _____
 Other _____

Continued...

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Wages (list employer, years employed there, average hrs per week, and annual wages)

	Yrs	Position	Hrs.	\$	
Applicant's employer(s)					Wages

	Yrs	Position	Hrs.	\$	
Other/ adult #2's employer(s)					Wages

	Yrs	Position	Hrs.	\$	
Other/ adult #3's employer(s)					Wages

Other Income (please identify all sources)

	\$		\$		\$	
Source		Per Yr	Source		Per Yr	Source
						Per Yr

Household Debt

Creditor	Balance	Are you making Regular payments?	Number of payments? Remaining?

What dreams do you have for yourself and/or family?

Continued...

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List skills you think you/your family have/has:

What do you hope to get from having a Mentor?

What goals/plans to help you get out of poverty or financial instability do you have at this time that you want a mentor to help you work on:

What do you see as your biggest crisis or obstacle that you need help with at this time?

Briefly, please identify any of the following challenges you have faced/are facing and treatment or support services in place, (including agencies or recovery groups).

Challenge:* Time/years of life: Current Status: Support Services

**especially any that have occurred last 10-15 yrs or are current or ongoing.*

**Substance Abuse/
Other Addictions** _____

Mental/Emotional _____

**Legal
(DUIs, Criminal etc.)** _____

**Domestic (Custody,
Divorce/sep,
Dom. Violence)** _____

Protective Services _____

Evictions: _____

Other:

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**Family Partnership
Release of information**

I, We _____, have been referred by _____
Name & Agency

to the Family Partnership program.

I/we understand that the Family Partnership Program works by reviewing my application, conducting a personal interview, making a decision about acceptance into the program, and attempting to match me and/or my family with a mentor(s) in as timely a fashion as possible.

I/we agree that in order to do the above and also provide assistance to me and/or my family and mentor(s) on an ongoing basis, the appropriate persons within the family partnership program may need to communicate about my needs to potential or current volunteers and agencies that might help meet those needs and I agree to the release of information as needed to facilitate this.

Please list any that you can currently identify that are important in our helping you, and/or considering you for family partnership (include past & present counselors, social/case workers, medical staff, CPS, DHS CMH, etc.):

I/we also understand that there will be ongoing communication between my mentor(s) and others from/ or connected to Family Partnership, (such as a minister who may approve financial assistance) in order to provide supervision and support in this relationship. Also, there will be communication between the appropriate individuals from assisting and/or referring agencies or connections and appropriate individuals with Family Partnership to provide ongoing/additional information as deemed necessary by Family Partnership to help make informed decisions as circumstances arise, including potential discontinuation from Family Partnership Program.

I/we understand that my mentor (s) and/or FP supervisor(s) will only share that which she/he needs in order to receive proper supervision and/or assistance. This includes, but is not limited to, sharing at monthly partner support meetings, sharing with FP supervisors, and sometimes, consultants. Generally, unless specifically needed for decision-making or help, only my first name shall be used. In all other cases (except circumstances indicating potential harm to myself or others) the information I share will be kept confidential by all parties involved.

Above all, I/we understand my mentor(s) and /or Family Partnership Program may help me by networking with contacts that might help me, but that this will be discussed with me/us prior to it happening and with my/our prior verbal consent.

If I chose to discontinue or am discontinued from the program, I understand and grant permission to Family Partnership to relate this to the appropriate referring or assisting agencies and/or connections that may be affected by this circumstance. Discontinuing with the program for whatever reason, does not immediately (up to six months) terminate this release/agreement. I need to notify Family Partnership in writing if/when I am revoking this permission, and understand it will be considered terminated after six months of formal discontinuation with Family Partnership.

Signature 1 _____ Date: _____
Indicates I have read and accept all of the above

Signature 2 _____ Date: _____
Indicates I have read and accept all of the above

Witness _____ Date: _____

**Please sign and return to: Family Partnership
1144 Boon St. Suite 1, Traverse City, MI 49686**

Date received by FPP