

**First United Methodist Church, Hickory
Foster Empowerment Program Application**

Name _____
 First Middle Last Preferred/Other

Prior known address, if any: _____

How did you hear about the Foster Empowerment Program at First UMC, Hickory?

Date of Birth: _____ Gender at birth: M or F Preferred Pronoun: _____

Last School Attended: _____ Last grade completed: _____

School Address (city, state) _____

What is your current living situation: _____

What was the date of your last physical exam? _____ Dental exam? _____

Are you currently taking any medications? Yes or No

If so what are they? _____

Do you have any unresolved legal issues? (Warrants, court dates, probation, etc.) Yes or No
Please explain: _____

Are you using or have you ever used any illegal drugs or alcohol? Yes or No

If so what are/were they? When was the last time you used them? _____

Have you had any involvement with the Department of Juvenile Justice? Yes or No

Please explain: _____

Name & phone # of your probation officer: _____

Do you work with any psychiatric, mental health or drug treatment programs? Yes or No
Please explain: _____

Do you receive NC Link support or support from any other agencies/services?

Yes or No

Amount of financial assistance received: _____

Are you ready for a change in your life? Yes or No

If so, why? _____

Are you willing to make one year commitment to the program to better your life? Yes or No

What do you hope to gain from this program? _____

What do you consider to be your gifts or skills (what are you good at)? _____

What are some of your interests? (Reading, Sports, Hiking, etc.) _____

Please list any questions or concerns that you have or would like to ask: (Continue at bottom if needed)

Emergency/Approved Contact List:

Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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Applicant's Signature	Date
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Additional questions you may have: