



Step Up Program Application

What is Step Up? Step Up's mission is to provide Christ-centered mentoring, housing, educational guidance, life skills training, and a community with accountability for Muskegon County young adults ages 18 – 24, primarily for youth who have aged out of the foster care system.

If you are...

- ...a young woman between the ages of 18 and 24
- ...seeking an affordable and safe place to live
- ...motivated to set goals and work with adult mentors to help attain your goals
- ...willing to work with adult mentors to help attain your goals
- ...able to live in a structured setting with other young women
- ...interested in becoming a part of a Christian community

...Step Up may be for you!

At Step Up, we believe success looks like this:

- ✓ Life and social skill advancement
- ✓ Steady employment
- ✓ Active in community service
- ✓ Practicing financial stewardship
- ✓ Stable independent living
- ✓ A driver's license
- ✓ Educational advancement
- ✓ Ability to make great choices
- ✓ Equipped with a life plan
- ✓ Connection with a local church

The application process:

- Step One: Application and Review
- Step Two: Tour of Step Up house
- Step Three: Interview at the Step Up house
- Step Four: Information Gathering (reference checks, health screen, etc.)
- Step Five: Communicating a Decision

Step Up may recommend other community resources if one or more of the following is true:

- The individual does not meet the admission criteria.
- She is pregnant or has dependent children that live with her.
- The young woman is not ready to commit to the opportunities and responsibilities available to her at Step Up.
- She is looking for emergency shelter only, such as in the event of domestic violence or other personal crisis.
- When an alternative housing option would be a better fit.

Please complete the following information to the best of your ability:

Full Name _____

Birthdate ____ / ____ / ____ Phone ____ - ____ - ____

Email Address: _____

Address _____

City/State _____ Zip _____

Emergency Contact:

Name _____ Relationship to you: _____

Phone: ____ - ____ - ____ Email Address: _____

Describe your living situation over the last six months (check all that apply):

- my own housing staying with my family or friends
 hospital or treatment facility homeless shelter foster care

Have you ever been in foster care?

- Yes, I am currently Yes, but I aged out Yes, for a time No

If you are currently in foster care, please list name and contact information of your guardian:

Guardian's Name: _____

Phone ____ - ____ - ____ Email Address: _____

Do you have any dependents? yes no If yes, do they live with you? ? yes no

Do you own/have any of the following? (check all that you have)

- Driver's license State ID Birth Certificate Social Security Card
 Health Insurance Bank Account Credit Card(s) Vehicle

If you have a vehicle is it insured? Yes No

Education

What is the highest level of education you have completed? (circle highest level completed)

GED High School: 9 10 11 12 College: 1 2 3 4

Other _____

Do your future plans include completing any of the following? (circle all that apply)

GED High School Vocational Training College Degree

What are three things you do well?

What goals do you have for yourself?

Is there anyone in your life who could help you achieve your goals? Yes No

If yes, who is this and how will they help you achieve your goals?

Describe your ability to live and work with others:

What do you expect to gain from Step Up?

Do you consider yourself a Christian? yes no

If not, are you open to attending weekly meetings that will include reading the Bible and discussion of Christian values? yes no

Employment History: Please list employment you have had starting with the most recent:

Employer 1	Supervisor's Phone #
City/State	Length of Employment
Title/position	Dates of Employment
Supervisor	Reasons for Leaving

Employer 2	Supervisor's Phone #
City/State	Length of Employment
Title/position	Dates of Employment
Supervisor	Reasons for Leaving

Employer 3	Supervisor's Phone #
City/State	Length of Employment
Title/position	Dates of Employment
Supervisor	Reasons for Leaving

Volunteer Experience:

Organization	Dates you volunteered	Tasks/Responsibilities

Physical and Mental Health

Please describe any learning and physical challenges you have:

Have you been diagnosed with any of the following: (circle any that apply)

- Major depression Anxiety PTSD Bipolar Disorder
 PDD/Asperger's/Autism Learning Disabilities Schizophrenia Personality Disorder

Do you have any medical conditions that would be important for us to know about? If so, please describe them:

Are you pregnant? Yes No I'm not sure

Do you have any allergies? Yes No

If yes, please list:

Are you willing to live in non-smoking, drug-free and alcohol-free home? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please describe:

Are you on probation or parole? Yes No If yes, please answer the questions below:

Name of Probation Officer: _____

Probation Officer's Phone Number: _____ - _____ - _____

Length of time remaining: _____

Please list three references who can verify your willingness to work with Step Up's program:

	#1	#2	#3
Name			
Relationship			
Phone			
Email			
How long has he/she known you?			

Is there anything else you'd like us to know about you? (continue on back if needed)

By signing below:

1. I give permission for Step Up to contact my references, previous employers, and guardian.
2. I agree to undergo personality, drug, and health screenings.
3. I give permission for Step Up to perform a background check and request official documents to verify that my information is accurate.

Step Up will make a decision based on this application, my interview, the results of my personality and health screens, recommendations of my references. and availability of space. If my statements are found to be falsely represented at any point, or if I have demonstrated an unwillingness to work within the expectations and terms of my admission, I may be exited from the Step Up program immediately.

I understand that Step Up will treat my information in a confidential manner and will not share my personal information with any other organizations or individuals outside of Step Up.

Signature

Date