



Everyday Blessings Inc.
Springboard Program Application

Today's Date: _____

Name: _____ **Social Security Number:** _____

Birthday: _____ **Gender:** M or F

Current Address: _____
Street Number and Name City, State Zip Code

Primary phone: _____ **Alternate phone:** _____

Email address: _____

Why are you interested in entering the Springboard Program?

How did you hear about us?

Have you lived on your own before? Yes or No (circle one)
If yes, was it an apartment or house? Please describe.

Are you currently in an extended foster care program or any other independent living programs? Yes or No (circle one)

If yes, what is the agency name? _____

Your Case Manager's name and contact info: _____

Do you currently receive any subsidy or living assistance funds? Yes or No (circle one)
Do you have children? If yes, what are their ages and genders?

Do you plan on your children living with you? Yes or No (circle one)

Are you currently employed? If so, where and for how long?

Do you have transportation (car, bus, bike, etc.)? Yes or No (circle one)

What personal goals are you working on right now (i.e. get a job, go to college)?

Where do you see yourself 5 years from now?

What has been your greatest struggle since turning 18?

What are some examples of your strengths or ways you have overcome obstacles?

Who are the supportive people in your life right now?

What are some specific ways that the staff at Everyday Blessings can help you?

Medical Information

Medicaid Number: _____

Healthcare Provider: _____

Do you have any health issues?

What medications are you currently prescribed? What are you taking them for?
(Please provide dosage information.)

Do you have any allergies? If so, please describe.

Are you currently seeing a therapist? If so, please provide their name and contact info:

Emergency Contacts

Name: _____

Phone number: _____

Name: _____

Phone number: _____