



HOPE of the Grand Valley

GENERAL APPLICATION 2019

We are so glad you are taking the time to complete this application!
Please remember; we actually require you to be making money, so include ALL income including any child support you may be receiving

We love welcoming new families to HOPE of the Grand Valley.

Before you begin, please read qualifications and required documents.
Fill out all pages entirely; you will need to SAVE AS once you have filled this out and email it as attachment to
vicki@hopegv.org
If printing and sending, please sign and FAX to: 970-812-4032

Please do not send pictures or ID via FAX-scan these or take a picture of them and attach them to an email with your name.
Pictures of applications will not be accepted

Once we receive your application, we will review it and contact you via email so please check your email often.

HOPE of the Grand Valley Qualifications

1. You have children under the age of 16 in your home full time OR joint custody allowed.
2. *You have at least one working adult in your family*
3. You do not receive other assistance because you make a little too much money
4. Provide SS Card or Birth Certificate for each child you have listed in your home
5. Provide ID with Colorado Residency
6. Provide your most recent two pay-stubs
7. You must attend classes and groups conducted in the Grand Junction Area-The Grand Valley
8. You will be asked to volunteer for HOPE of the Grand Valley events

Along with this application please provide:

1. Provide SS Card or Birth Certificate for each child you have listed Provide ID with Colorado Residency
2. Provide your most recent two pay-stubs
3. Attach a picture of you and your family to the email

HOPE of the Grand Valley does not offer monetary assistance

All of our programs begin with application and interview. Once your family is qualified you are eligible for all of our opportunities.

****Christmas Program is a separate Application**

Date of application:

How did you hear about HOPE of the Grand Valley and who were you referred by?

What is your primary reason for reaching out to us?

Applying Parent Information (Head of Household)

First Name

Last Name

Home Address

City

State

Zip

Phone Number

Email Address

DOB

Gender

Marital Status

Colorado Resident

How Long?

Are you working full time?

Part time?

If no, please explain

Employer

City

State

Address

Zip

Monthly Income

Hourly wage

Do you rent or own your home?

Monthly payment?

Are you receiving any of the following?

SNAP

MEDICAID

CHILD SUPPORT

TANF

CHP

ALIMONY

HOUSING ASSISTANCE

CHP+

SSI

LEAP

CCAP

UNEMPLOYMENT

Child Support-Court ordered Amount even if you do not receive on regular basis. Feel free to explain if you do not receive this on a regular basis

Have you or anyone in your household been convicted of a felony?

If yes-what were the charges and how long ago?

Have you ever been convicted for domestic violence or child abuse? If Yes please Explain

Have you ever been a victim of domestic violence?

Is there something we can do to help you with this?

First Name

Last Name

Phone Number

Email Address

Home Address including City/State and Zip- if different than applicant

DOB

Colorado Resident?

How Long in Mesa County?

Colorado Drivers License?

Secondary Parent Employment Information

Employer

Address

City

State

Zip

Monthly Income

Hourly wage

If you are a single parent with joint custody, please complete the below on the parent you share custody with:

First Name

Last Name

Address:

City

State

Zip

DOB

GENDER

Joint Custody?

How often do you have your children in your home?

Is this parent allowed to pick up your Children?

Is the non-custodial parent receiving any of the following?

SNAP

MEDICAID

CHILD SUPPORT

TANF

CHP

ALIMONY

HOUSING ASSISTANCE

CHP+

SSI

LEAP

CCAP

UNEMPLOYMENT

Has the non-custodial parent ever been convicted of domestic violence or child abuse?

Please Explain if yes:

Other information we may need on non-custodial parent for your or your children's protection:

Children's Information

1. First Name

Last Name

AGE DOB

Joint Custody?

Full time?

Receiving Child Support?

Biological Mother

Biological Father

2. First Name

Last Name

AGE DOB

Joint Custody?

Full time?

Receiving Child Support?

Biological Mother

Biological Father

3. First Name

Last Name

AGE DOB

Joint Custody?

Full time?

Receiving Child Support?

Biological Mother

Biological Father

4. First Name

Last Name

AGE DOB

Joint Custody?

Full time?

Receiving Child Support?

Biological Mother

Biological Father

5. First Name

Last Name

AGE DOB

Joint Custody?

Full time?

Receiving Child Support?

Biological Mother

Biological Father

If you have more than 5 children in your home please provide that information on a separate sheet.

Are there any Special Needs or Circumstances we should be aware of in regard to your children?

If so please provide that information below

Please tell us about you and your family. Your story and situation is important to us, this helps us to better understand you and how we might be able to assist you

What are your goals and dreams?

In your words, what is your biggest struggle right now?

What do you think would make you happy?

Please check the programs you are most interested in:

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Healthy Communication |
| <input type="checkbox"/> Home Ownership | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Overcoming Anger, Anxiety and | <input type="checkbox"/> Healthy eating |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Cooking classes |
| <input type="checkbox"/> How to increase a credit score | <input type="checkbox"/> Job Search |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Marriage and relationship |
| <input type="checkbox"/> Cooking on a budget | <input type="checkbox"/> Parenting skills |
| <input type="checkbox"/> Family scheduling | <input type="checkbox"/> Job and interview preparation |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Resume building |

Mom's Support Groups

School Supplies

Dad's Support Groups

Career clothing

Family Support Groups

Children's clothing

Food assistance

Christmas

Other-if not listed above:

UNDERSTANDING- Please read carefully and initial each line

As a HOPE of the Grand Valley Family there will be many opportunities offered to you and your children- all are exclusive to approved families only and will not be shared with others or sold. These items are provided ONLY for family members listed on this application.

The groceries and products I receive will be used exclusively for myself and my children. I will not take more than my family can consume and give to other people.

All other- including, but not limited to: Clothing, School Supplies, Household Items, bedding and furnishings, will be used by my immediate family listed on my application. They will not be sold or distributed otherwise.

I will volunteer for at least one HOPE of the Grand Valley event each year.

Head of Household Printed Name

Today's Date

Signature

Declaration:

I hereby declare that the details furnished to HOPE of the Grand Valley are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately; this includes a change in my income status and children living in my home or other circumstances that change.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Your Signature

*****RELEASE (Required)**

I hereby assign and grant to **HOPE of the Grand Valley** or those for whom they are acting as indicated the right and permission to copyright and publish photographs or pictures of me and my story, in which I may be included in whole or in part or composite of reproductions thereof in color or otherwise made through any media at their studios or elsewhere for art, advertising, trade or any other similar lawful purpose whatsoever.

I also give HOPE of the Grand Valley my permission to use my story either by posting my story on their website, newspaper, or other media, to help me receive what I am needing.

I hereby waive my right to inspect and or approve the finished product or the advertising copy that may be used in connection therewith. I also hereby agree to allow the use of these photographs, as described herein, to be taken and used with no consideration of monetary or other form of payment to me.

I hereby release and discharge **HOPE of the Grand Valley**, it's successors and all persons acting under its permission or authority or those from whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form that may occur or be produced in the taking of said picture or in any processing tending toward the completion of the finished product.

Please Print Full Name

Phone

Email

Address

Signature

Today's Date

We are so glad you have decided to join HOPE of the Grand Valley! We are fortunate to serve ever-increasing numbers of hard- working, low-income families. This segment of the population is growing, yet typically over looked and often struggling. Children with parents that are making a little too much money to qualify for government assistance. We are here to give a hand up to parents who are working tirelessly, paying their bills, and doing everything in their power to provide their children with food, clothing, and shelter without public assistance.

Our approach is different than most; many times, families we serve fall short and a hand up is all they need to move forward. Our focus is on giving you and your children a more secure future by empowering their parents with practical training and necessary resources.

If you qualify; you will be given the opportunity to take advantage of the many services and programs we have available. We have families that have been able to purchase their first home, and many more are close to reaching that goal as well! HOTGV is here for our families as they walk through life. We have found that providing guidance creates a clearer path to a more prosperous and successful future, and in turn, allows HOTGV to continue our journey of helping those who just need a hand up.