



GENERAL APPLICATION

Please fill out all pages, sign and FAX to: 970-812-4032 or email to: vicki@hopegv.org

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.

Please do remember...we want you to be making money so include all income

Please read Qualifications before you apply:

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

HOPE of the Grand Valley does not offer monetary assistance

All of our programs begin with application and personal interviews.

Once your family is qualified for all of our opportunities.

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?

Please complete this application in full; this will help us to better know you and what type of support we can help you with. We do ask a lot of questions, but in order to serve you to the best of our ability all of this information is very helpful, we will not contact your employer.

Applying Parent Information (Head of Household)



If working please provide:

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

If you do receive Child Support what is the monthly court ordered amount?

Have you ever been a victim of domestic violence?

Do you receive this amount on a regular basis?

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

Have you ever been convicted for domestic violence or child abuse?

If yes, please explain

Your Partner:

If yes please explain

Secondary Parent Information (if married or living together):



If secondary parent is working please provide:

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

Home Address

City

State

Zip

DOB

Gender

Joint Custody?

How often do you have your children in your home?

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 Information:

How many children under the age of 16 are in your home?

If more than 5 children in your home please include them in this application

1. First Name

Last Name

Age:

DOB

Full time?

Joint Custody?

Receiving Child Support?

Biological Mother

Biological Father

2. First Name

Last Name

Age:

DOB

Full time?

Joint Custody?

Receiving Child Support?

Biological Mother

Biological Father

3. First Name

Last Name

Age:

DOB

Full time?

Joint Custody?

Receiving Child Support?

Biological Mother

Biological Father

4. First Name

Last Name

Age:

DOB

Full time?

Joint Custody?

Receiving Child Support?

Biological Mother

Biological Father

If you have more than 4 children under the age of 16 in your home please provide that information on a separate sheet.



Our goal is to walk along side of you and help you get ahead and live a prosperous life. Once you become a part of HOPE of the Grand Valley, we consider you family!

Please share your story with us (example: I am a single mom with 3 children, working full time and doing the best I can... My husband is a hard worker, but sometimes we fall short...)

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:

Budget

Life Skills

Overcoming Anger, Anxiety and

Depression

how to increase a credit score

Goal Setting

Cooking on a budget

Family scheduling

Time Management

Healthy Communication

Conflict Resolution

Healthy eating

Cooking classes

Job Search

Marriage and relationship

Parenting skills

Job and interview preparation

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:

*****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

Along with this application please provide:

Provide SS Card or Birth Certificate for each child you have listed

Provide ID with Colorado Residency

Provide your most recent two pay-stubs

We are so glad you completed this application! We love welcoming new families to HOPE of the Grand Valley.

Once we receive your application, we will review it and contact you via email.

Please save and email this application along with the above documents to: vicki@hopegv.org



HOPE of the Grand Valley
A hand up, not a hand out
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