

STRIVE PROGRAM

A program division of EmberHope

Application for Admission

Items to complete prior to Admission to the STRIVE Program

We are very happy that you are interested in participating in the STRIVE program. There are some steps that you must complete in order to be considered for acceptance into the program. The following list of items is necessary for you to be considered as a candidate for the program:

- **Completed Application** – Fill out this application and return it to the STRIVE Program Coordinator, Leslie Schmeidler, LBSW.
- **Goals statement** – On the attached form write out three goals that you have for the next 6 months, and three goals that you have for the next two years.
- **Brief Autobiography** – On the attached form briefly tell us your story, how you got where you are today, why you need to participate in this program and why you want to participate in this program.
- **Proof of income, copy of HS diploma or GED (if completed), and verification of residence (can be a letter from an individual).**

Once we receive these items, the STRIVE Program Coordinator, will review the application with in five business days and notify you whether or not you have been accepted into the program. Once you have been selected to participate in the program the STRIVE Program Coordinator will schedule a face to face meeting with you with in five business days. During the initial assessment, which will last two to three hours, the applicant will review and sign the participant agreement and complete the Ansell Casey Life Skills Assessment.

Leslie Schmeidler, LBSW
STRIVE Program Coordinator
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Wichita, Kansas 67210
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316-529-9351 (fax)
lschmeidler@emberhope.org

STRIVE

Program Application Form

Date application submitted: _____

Name: _____ DOB: _____ Age: _____

Race/ethnicity: _____ Gender: male/female SSN: _____

Address:

Phone: _____

Best way to contact: _____

How did you hear about STRIVE?

Source of Transportation: _____

KS DL: _____

Any significant adult contact or relative: (can be parent, previous legal guardian, sibling, etc.)

Address/Phone:

Reason for applying to STRIVE:

Were you ever in the custody of DCF/JJA: Yes No

Discharge Date: _____

Contractor (St. Francis, Youthville, JJA): _____

Case Manager or Worker's name:

Case Manager Contact information: _____

EDUCATION

Have you completed H.S. or a GED: _____

Date completed: _____ Did you have an IEP: _____

High School that you last attended: _____

Current educational program enrollment or plans:

Did you receive any honors or awards?

What was your favorite subject or class in school? _____

Do you have any special skills or talents (ART, Music, Athlete, etc):

EMPLOYMENT/FINANCIAL:

Current: _____

Address/Phone: _____

Supervisor: _____

Number of hours worked per week: _____

Previous Employer : _____
Length of employment: _____

Previous Employer : _____
Length of employment: _____

Future employment goals:

HEALTH

List any current medical concerns:

Treatment/Provider:

Insurance:

Do you have children or are you expecting a child? (list age & gender or due date of your child (ren):

MENTAL HEALTH

Current mental health diagnoses & treatment provider:

List any medications that you take and your medication provider:

Dates or prior hospitalizations due to mental health diagnosis:

Do you have any current thoughts of hurting yourself or someone else:

SUBSTANCE USE

List any drugs or alcohol CURRENTLY being used and frequency:

List any drugs and alcohol use in the past and when you used them:

Treatment/Provider: _____

LEGAL

List any past or pending criminal charges:

Do you have any outstanding tickets, warrants, or fines:

Circle whether or not you are on probation or parole: Yes No

If the above answer is yes then please provide a copy of your probation/parole conditions.

Probation Officer or Intensive Supervision Officer's name and contact information:

Name any other service providers that you are currently working with at this time besides those named above:

GOALS

Please list three goals that you would like to accomplish in the next three months:

Goal 1

Goal 2

Goal 3

Please list three goals that you would like to accomplish in the next two years:

Goal 1

Goal 2

Goal 3

A series of horizontal lines for writing, consisting of 27 parallel lines spaced evenly down the page.