Pressing Forward Application

Eligibility Requirements: Must be a resident of Hennepin County for a minimum of 30 days and provide proof of residency. Must be 18 years of age or older. Some examples of proof of residency may include, Government assistance, photo id or driver’s license.

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| Applicant Information | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | | SSN: | | | | | Phone: |
| Current address: | | | | | | | |
| City: | | State: | | | | | ZIP Code: |
|  |  | | | | | |  |
| Previous address: | | | | | | | |
| City: | State: | | | | | | ZIP Code: |
|  |  | | | | | |  |
| Vehicle Information | | | | | | | |
| Make: | | | | | | | |
| Model: | | | | | | |  |
| License Plate# | | |  | | | |  |
| Color: |  | | | | | |  |
| Year: |  | | | | |  | |
| Emergency Contact | | | | | | | |
| Name of a person: | | | | | | | |
| Address: | | | | | | | |
| City: | State: | | | ZIP Code: |  | | |
| Relationship: | | | | | | | |
| Phone Number # | | | | | | | |
| Emergency Contact | | | | | | | |
| Name of a person: | | | | | | | |
| Address: | | | | | | | |
| City: | | State: | | | | | ZIP Code: |
| Relationship: | | | | | | | |
| Phone Number # | |  | | | | |  |
| Please Provide Medical/Health History | | | | | | | |
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|  |  | | | | |  | |
| All applicants | | | | | | | |
| NEED TO KNOW  Pressing Forward does not offer any personal assistance or personal care so applicants must be Independent. If you have a vehicle it has to be insured. The amount of belonging allowed is a minimum of two totes. More policies and procedures will be covered during your interview with Pressing Forward Staff.  NO DRINKING OF ALCOHOL OR SMOKING INSIDE THE BUILDING!! | | | | | | | |
| Signature of Applicant: | | | | | | | Date: |
| Signature of Staff Member: | | | | | | | Date: |