**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NC Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Race**: \_\_\_\_\_\_\_\_\_\_

**Marital Status**: **(Circle)** Single Married Separated Divorced Widow

**Religious Affiliation \*(My Vision Unlimited does not discriminate based on race, sex, disability or religion)**

**Christian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish \_\_\_ Agnostic/Atheist \_\_\_ Buddhist/Hindu \_\_\_ Pagan/Wiccan \_\_\_**

**Past or Current accomplishments: (Organizations, Certificates earned, Licenses held)**

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**What is your highest level of education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently working? \_\_\_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Please answer the following questions as completely as possible. My Vision Unlimited does not discriminate on any basis but we do need to have a complete history and background in order to help you help yourself. \*\*\***

**Do you have any criminal history? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you have any current or past substance abuse? If so, please list substances and circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HOUSEHOLD INFORMATION**

**Total People in Household: \_\_\_\_\_\_\_\_ Please list ALL others living in your household:**

 **NAME Relationship Date of Birth Social Security # School/Work place**

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**Please answer the following questions as completely as possible**

**Are children involved in any extra-curricular activities? \_\_\_\_\_\_\_ Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you interested in enrolling them in any activity? \_\_\_\_\_\_\_ Please list:**

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| **MONTHLY INCOME (List amounts for EVERYONE in Household who receives Income)** | **AMOUNT** |  |  | **MONTHLY EXPENSES (List MONTHLY amount – NOT current amount due!)** | **AMOUNT** |
| **Client Income from a Job/ Salary** |  |  |  | **Rent/Mortgage** |  |
| **Spouse/Partner Income** |  |  |  | **Power/Electric** |  |
| **Other Member Income** |  |  |  | **Gas/Kerosene/Heating Oil** |  |
| **Alimony/Child Support** |  |  |  | **Water/Trash pickup** |  |
| **SNAP/EBT** |  |  |  | **Food (include SNAP/EBT)** |  |
| **TANF/Family first** |  |  |  | **Phone (Home/Cell)** |  |
| **Social Security** |  |  |  | **Car (Loan/Insurance/Gas)** |  |
| **SSI** |  |  |  | **Medical Expense (copay/prescriptions)** |  |
| **Assistance from other sources** |  |  |  | **Credit Cards** |  |
|  |  |  |  | **Life/Health Insurance** |  |
|  |  |  |  | **Loans** |  |
|  |  |  |  | **Alimony/Child Support** |  |
|  |  |  |  | **Childcare** |  |
|  |  |  |  | **Cable/Internet** |  |
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| **TOTAL MONTHLY INCOME** |  |  |  | **TOTAL MONTHLY EXPENSES** |  |

**What do you hope to accomplish with this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Where do you see yourself in 6 months?**

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**In 1 year?**

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**In 3 years?**

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**Please explain your current living conditions: Do you have any concerns regarding this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please explain in your own words what vision you have for you and your family to break unproductive cycles (MINIMUM of 4 sentences – you can write on the back if additional space needed)**

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**How much time do you have to commit to the program? (List daily commitments) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MY VISION UNLIMITED 336-466-2333**

**Thank you for applying for the My Vision Unlimited Program. Our goal is to assist you holistically as you journey to a better you. In order to successfully complete this program and graduate you must be committed with a positive attitude. We are here to walk your vision out and assure that you are productive and succeed with reasonable accommodations. Success is individually based, and we cannot guarantee your outcome; nor can we be held liable for any outsourced referral agency participation. If, at any time this program does not benefit you or you cannot adhere to the requirements you will be un-enrolled from the program. There are no benefit obligations to be provided by My Vision Unlimited.**

**By signing and submitting this application, you are committing to follow the guidelines and requirements established by My Vision Unlimited.**

**Clint Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**