Operation Fresh Start
STRIVE Program Interest Form

Thank you for your interest in the STRIVE Program. Please complete the following form and a STRIVE Coordinator will contact you soon. Please print neatly.

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt # _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Gender: Male Female Age: _____ Birthdate: ____/____/____

Education Level: High School Diploma GED HSED Neither

Are you currently enrolled in college? Yes No

Are you a citizen of the United Sates or have an Authorization to Work? Yes No

Do you currently have a job? Yes No

If yes, where do you work? _____ How much do you make? _____

Number of people who are over 18 and working in your household _____

Total Combined Household Income of people who are over 18 and working in your household:

- ☐ Less than $15,000
- ☐ $15,001 - $24,000
- ☐ $24,001 - $30,000
- ☐ Over $30,000

Check any that apply:

- ☐ Household/Self receiving public assistance (W2, Badger Care, Emergency Assistance)
- ☐ Household/Self receiving food stamps (FoodShare) within last 6 months
- ☐ Foster child
- ☐ Disabled
- ☐ Homeless/Runaway
- ☐ Criminal background
- ☐ Pregnant or parenting