



LIFE
CENTER

L.I.F.E. VILLAGE OF CARE REFERRAL APPLICATION

WELCOME! IF YOU ARE UNDER 13 YEARS OF AGE, PLEASE HAVE YOUR PARENT/GUARDIAN FILL IN THIS INFORMATION FOR YOU. FIELDS MARKED WITH A STAR ARE REQUIRED.

LOOKING FORWARD TO SEEING YOU IN THE VILLAGE!

Participant Information *

First: _____

Middle: _____

Last: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Participant Address *

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____

County: _____

Zip: _____

Gender Identity: _____

Participant Educational Level:

- ☐ Elementary School (Current) ☐ High School Diploma ☐ Other: _____
- ☐ Middle School (Current) ☐ High School Dropout
- ☐ High School (Current) ☐ GED

EMERGENCY CONTACT:

Primary Emergency Contact Name*

First:

Middle:

Last:

Primary Emergency Contact Relationship to Participant*

- ☐ Parent/Guardian
- ☐ Family Member
- ☐ Friend
- ☐ Partner
- ☐ Other

Primary Emergency Contact Information*

Phone Number:

Email:

Emergency Contact Address *

Address (Line 1):

Address (Line 2):

City:

State:

County:

Zip:

EMERGENCY CONTACT:

Secondary Emergency Contact Name*

First:

Middle:

Last:

Secondary Emergency Contact Relationship to Participant*

- ☐ Parent/Guardian
- ☐ Family Member
- ☐ Friend
- ☐ Partner
- ☐ Other

Secondary Emergency Contact Information*

Phone Number:

Email:

Emergency Contact Address *

Address (Line 1):

Address (Line 2):

City:

State:

County:

Zip:

Type of Referral:

- ☐ Self-Referral
- ☐ Parent/Guardian Referral
- ☐ Village Referral
- ☐ Community Referral
- ☐ Court/DJJ Referral
- ☐ Other

What Program Services is Participant Interested in? (Select All That Apply)

- | | | |
|---|--|---|
| <input type="radio"/> Arts | <input type="radio"/> Girls Empowerment | <input type="radio"/> Rehabilitation |
| <input type="radio"/> Basketball | <input type="radio"/> L.I.F.E. Coaching 1on1 | <input type="radio"/> Tutoring |
| <input type="radio"/> Boxing | <input type="radio"/> L.I.F.E. Coaching Groups | <input type="radio"/> Volunteering |
| <input type="radio"/> Counseling/ Therapy | <input type="radio"/> Mentoring | <input type="radio"/> Community Service |
| <input type="radio"/> Football | <input type="radio"/> Peer Support | <input type="radio"/> Wellness Recovery Action Plan |
| <input type="radio"/> General | <input type="radio"/> Poetry | <input type="radio"/> Other: _____ |

Is the applicant actively involved with a state agency? *

- ☐ Yes ☐ No

Has anyone in applicant's family been incarcerated?

- ☐ Yes ☐ No

Does the applicant have insurance coverage? *

- ☐ Yes ☐ No

Is the applicant UNDER the age of 13? *

- ☐ Yes ☐ No