**Thank you for your interest in Your Path!**

*Your Path* is a personalized coaching program that looks at stressful areas of your life, especially if you’re thinking about making a change. If you are, our coaches can work with you to set and achieve your goals like finding stable and safe housing, getting a better job, paying off debt or accessing more education or a better career.

**This application is the first step on *Your Path.***It is designed to take a snapshot of your household while inviting you to aspire and assess your family’s readiness for this impactful, but rigorous program.

Every part of the application relates to five important and inter-connected areas of life that lead to Self-Sufficiency:

**Your Path to Self-Sufficiency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Stability** | **Well-Being** | **Financial Management** | **Education & Training** | **Employment & Career Management** |
| **Housing** | **Family & Dependents** | **Health & Mental Health** | **Networks** | **Debt** | **Savings** | **Education** | **Earnings Levels** |
| Having a safe, affordable, & stable place to call home. | Making sure your family’s needs are met so you can focus on your goals. | Feeling physically and emotionally healthy so you can participate fully in work, school, & family. | Having people in your life who give you personal support, and who also have the knowledge and connections to help you achieve your goals. | Being up-to-date on your bills and debt payments. | Having enough money in a bank to meet your family’s needs and afford more than the basics.  | Having enough education and training so you can choose a well-paying and fulfilling career. | Being employed in a career that pays enough so you can support yourself and your family. |

**If you enroll in *Your Path*, MCUM’s coaches will work in partnership with you to:**

**Ready to focus on your *future*?**

To apply for *Your Path*, complete this application and bring/mail it to MCUM’s Self-Sufficiency Center:
**827 W 14th Court,
Bloomington, IN 47404**

* **Assess** where you are on each step of your path, and help pinpoint where you want to be.
* **Prioritize** the areas that are most important to you and your family.
* **Set** your personal, specific **goals** with concrete steps that move you toward self-sufficiency.
* **Connect** you with resources that will support your journey.
* **Celebrate** your successes!

*\* Adapted from Economic Mobility Pathways’ Bridge to Self-Sufficiency®*

***Your Path* Program Application**Please write clearly and carefully

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the best way to contact you about your application? \_\_\_ E-mail \_\_\_ Call \_\_\_ Text**

**How did you hear about the *Your Path* Program? \_\_\_ MCUM \_\_\_ Friend \_\_\_ Internet \_\_\_ Other**

 **\_\_\_ Referral from another agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (First & Last) | Social Security Number | Relationship | Date of Birth | Marital Status(Single, Married, Divorced, Widowed) |
|  |  | **Self** |  | **S M****D W** |
|  |  |  |  | **S M****D W** |
|  |  |  |  | **S M****D W** |
|  |  |  |  | **S M****D W** |
|  |  |  |  | **S M****D W** |
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|  |  |  |  | **S M****D W** |
|  |  |  |  | **S M****D W** |

 **Availability and Accessibility**This section is intended to help you assess your own readiness and ability to commit to Your Path at this time.*Your Path* participants must be willing and able to meet with their coach on-site at Monroe County United Ministries (827 W 14th Court, Bloomington) regularly – typically once every two weeks. These meetings are highly productive, but usually occur during regular business hours (M-F, 8-5) and are generally scheduled for approximately an hour.

Please consider how these meetings might fit into your current life and routine. How easy would it be for you to get to MCUM on a regular basis? How might you be able to incorporate these meetings into your bi-weekly schedule? Please use this space to briefly explain your plan for meeting these program requirements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Information**Please estimate each member of your household’s *monthly* income below as accurately and truthfully as possible.
**Note: This information will *not* be shared with any other agency, service, or program in any form.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Income Source** | **You (Applicant)** | **Other Household Member** | **Other Household Member** | **Other Household Member** | **Household Total** | **How can you document this?** |
| Formal Employment | $ | $ | $ | $ | **$** |  |
| Self-Employment (odd jobs) | $ | $ | $ | $ | **$** |  |
| Housing Assistance | $ | $ | $ | $ | **$** |  |
| Utility Assistance | $ | $ | $ | $ | **$** |  |
| Child Support | $ | $ | $ | $ | **$** |  |
| Retirement | $ | $ | $ | $ | **$** |  |
| SNAP (Food Stamps) | $ | $ | $ | $ | **$** |  |
| TANF | $ | $ | $ | $ | **$** |  |
| SSI/SSDI (Disability) | $ | $ | $ | $ | **$** |  |
| Other | $ | $ | $ | $ | **$** |  |
| **Total** | **$** | **$** | **$** | **$** | **$** |  |

**Employment Status: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Self-employed \_\_\_ Unemployed \_\_\_ Disabled \_\_\_ Retired**

**Current Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work History:**

**Employer Job Title Date Hired Date Left**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expenses Information**Please estimate your household’s typical *monthly* expenses below as accurately and truthfully as possible.
If an expense varies a lot, please mark it with a **\*** and try to estimate its average monthly cost over the last year.
**Note: This information will *not* be shared with any other agency, service or program in any form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Estimated Cost/Month** | **Expense** | **Estimated Cost/Month** |
| Rent/House Payment  | $ | Car Repairs | $ |
| Electric Bill | $ | Car Payment | $ |
| Gas (Heat)/Propane | $ | Car Insurance | $ |
| Water/Sewer | $ | Health Insurance | $ |
| Fuel Oil/Wood | $ | Medicaid Spenddown | $ |
| Home Phone (land line) | $ | Medical Bills | $ |
| Cell Phone Bill | $ | Credit Card Payment | $ |
| Internet Bill | $ | Bank Fees (overdraft, etc.) | $ |
| Food/Groceries | $ | Court Costs/Probation | $ |
| School Lunches | $ | Judgments | $ |
| Cleaning/Hygiene Supplies | $ | Rent-to-Own | $ |
| Child Care | $ | Cable/Satellite TV | $ |
| Child Support Paid | $ | Payday Loans | $ |
| Tobacco/Alcohol | $ | Personal Loans | $ |
| Gasoline | $ | Entertainment | $ |
| Bus Fare | $ | Other: | $ |
| Uber/Taxi Costs | $ | Other: | $ |
| **TOTAL EXPENSES (add up both columns)** | $ |

 **Debts**

**Total Debt Suggested Monthly Payment Actual Monthly Payment**

**Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
All Utilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Credit Cards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Payday Loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Car Loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Loans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Medical Bills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Friends/Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Banking Information**

This section is *only* intended to record your experience with these financial products, not to suggest that they are necessarily a good fit for you or your family. Please complete this table as accurately and truthfully as possible.
**Note: This information will *not* be shared with any other agency, service, or program in any form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you currently or have you ever had any of the following?** | **Past** | **Present** | **Never** |
| Checking Account |  |  |  |
| Savings Account |  |  |  |
| Retirement Account (IRA or 401K) |  |  |  |
| Certificate of Deposit |  |  |  |
| ATM/Debit Card |  |  |  |
| Secured Credit Card (pre-loaded credit card) |  |  |  |
| Unsecured Credit Card (a revolving line of credit) |  |  |  |
| Mortgage Loan or Land Contract |  |  |  |
| Car Loan |  |  |  |
| Personal or Business Loan |  |  |  |

**Education**

**Did you finish high school or complete your GED (high school equivalency)? \_\_\_ Yes \_\_\_ No**

**Did you receive any post-secondary education? \_\_\_ Yes \_\_\_ No**

**If Yes, please indicate the highest level you completed below:**

\_\_\_ Vocational/Technical School

\_\_\_ Some college

\_\_\_ Associates Degree

\_\_\_ 4-year college degree – Bachelor’s Degree

\_\_\_ Graduate school – Master’s Degree

\_\_\_ Graduate school – PhD

 **Are you currently enrolled in an education or degree program? \_\_\_ Yes \_\_\_ No**

**If yes, what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What are you studying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Narratives
Please take your time to reflect and write a few sentences for each prompt about your life and your goals.** This application is *not* an assessment of your writing skills, but is meant to offer an intentional opportunity – a time-out – to think about the areas of your life *Your Path* may help you concentrate on.

1. **Briefly describe your current housing situation.** How do you feel about your home? What are some of your favorite things about it, and what would you change if you could?
2. **What is your family life like?** How does your family motivate you or challenge you? What is your role in your family? What kind of team do you make? What would you change about your family life, if you could?
3. **How is your health?** Try to think of your health as a whole – physical, mental, and social. How does your health affect your ability to engage in work, school, and family life? How do you feel about your existing network of friends and family and their ability to offer support, advice, and guidance?
4. **How would you describe your financial situation, including your debts and your ability to save money?** How do you make financial decisions; what does your decision-making process look like? How do you track your money? What would you like to change about any of these processes, if you could?
5. **How do you feel about your education?** How does it affect your options for employment or your lifestyle, for better or for worse? What were some of your favorite subjects in school, and why do you think those were your favorites? How do you learn best, and what kind of education would your dream job require?
6. **How do you feel about your current job or job status?** Do you find your job or career fulfilling? Why or why not? Is there anything you would rather be doing for work, and if so, do you know what it is? What would you change about your work life, if you could?