

Orange County Support Circles Partner Application

The Support Circles Advisory Group asks people interested in Support Circles to fill this form with your information and ask service provider(s) working with you to fill the Application Referral Form. Please email completed forms to ocsupportcircle@gmail.com.

First Name _____ Middle Initial _____ Last Name _____

Age _____ Gender: _____

Marital Status: _____ married _____ divorced _____ single _____ in a relationship

Current Mailing Address: _____

City _____ State _____ ZIP _____

Phone number: _____ Email: _____

Household members living with you (if applicable):

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Do you have any family in the area? _____ Yes _____ No

What is your primary means of transportation? _____

Do you have health insurance (including Medicaid/Medicare)? _____ Yes _____ No

Employed Full-Time Employed Part-Time In School/Training Unemployed

Position Title (or Degree Pursuing) _____

Business/School Name _____ Hours/week: _____

What are your goals for employment? Please include plans, if any, for further education and/or skills training.

Monthly Take-Home Income: \$ _____

What short-term and long-term life goals would you like a Support Circle to help you meet?

Is there anything else you would like us to know about you or your needs before we try to match you to a Support Circle?

Release of Information

I hereby give the Support Circle Program of the Orange County Partnership to End Homelessness permission to contact, discuss, or otherwise secure information relevant to determining my eligibility for the program and relevant to my participation in the program, if accepted, including my referring agency. Furthermore, I verify that all of the above information is true to the best of my knowledge.

Signature of Applicant:

Date:
