

Hello,

We are really excited to announce LifeSigns.us, Inc. as a new non-profit organization in the community that will, within the next few months, be providing services throughout Monroe and the surrounding counties.

Our mission at LifeSigns, is to provide and equip women with the knowledge, career skills, resources, guidance and support for both personal and professional empowerment so that they may establish themselves as a positive contributing source within their community.

Our focus is on:

- **Education** – we assist you in getting your GED if needed and then helping you further your education once you have completed the program.
- **Coaching and mentoring** – to assist you in setting your goals and achieving them!
- **Career Skills** – learn or brush up on your computer skills, Microsoft Office and more.
- **Consumer and Financial Skills** – learn that “budget” is really a “plan” that works. When and how to buy a house or car and not get taken advantage of, learn what insurances you really need and those you don’t.
- **Plus** we will be offering many supplemental courses and extra-curricular activities.
- **And much more!**

Please visit our website: www.lifesigns.us to learn more about us and what we will be offering to you and the community.

Thank you again for your interest and we look forward to meeting you and helping provide you with your G.P.S. for success!

All my best,
Jeannie Anderson
President and Executive Director

We are offering an EARLY application for our services. We will be starting our first classes in January 2012, and that exact date will be announced in the near future. Please check our website for any further status updates. By filling out this application and submitting it to us now, you are guaranteed to be one of the first women to be contacted for an interview and considered for our first class.

You can submit this application by email to: admin@lifesigns.us

Or mail it to: LifeSigns.us, P.O. Box 124, Sweetwater, TN 37874



LifeSigns.us, Inc.

For Office Use Only

Date of App: _____

App No. _____

Reviewed By: _____

Date App Reviewed: _____

Client Name (Last, First, MI): _____, _____, _____	Name Preferred To Be Called: _____
Street Address (Include Apartment or Box No.): _____	County of Residence: Residence Since (Mo/Yr): _____/____/____
City, State and Zip Code _____, _____, _____	Referred By: _____
Age: _____ Date of Birth: _____/____/____	Referral Phone Number: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	Spouse/Partner's Name: _____ Phone: _____
Contact Info: Check which is the <u>best</u> way to contact you. <input type="checkbox"/> Home Phone: _____ <input type="checkbox"/> Cell or Other Phone: _____ <input type="checkbox"/> Work Phone: _____ <input type="checkbox"/> Email: _____ Best time to contact me by phone: <input type="checkbox"/> early morning <input type="checkbox"/> mid day <input type="checkbox"/> late afternoon <input type="checkbox"/> evening May we leave a message at this number? <input type="checkbox"/> yes <input type="checkbox"/> no May we leave a message with any other person? If so, please list their name and relationship to you: _____	Last schooling completed? Answer only the ones that apply to you. If you have NOT completed high school, what was the last grade you did complete? _____ Do you have a high school diploma? <input type="checkbox"/> yes <input type="checkbox"/> no Did you complete a GED? <input type="checkbox"/> yes <input type="checkbox"/> no Any college? <input type="checkbox"/> Some college <input type="checkbox"/> Associates Degree in _____ <input type="checkbox"/> Bachelor Degree in _____ Any professional certifications? _____ _____

	OTHER HOUSEHOLD MEMBERS	RELATIONSHIP	AGE	BIRTH DATE
1				/ /
2				/ /
3				/ /
4				/ /
5				/ /
6				/ /
7				/ /
8				/ /

INCOME DETAILS

Who is working in your household? List yourself first.	Hours per week?	How often paid?	Monthly income before deductions?
Name and city of employer?	Employer phone?	Date started employment?	May we contact this employer? () Yes () No

Who else is working in your household?	Hours per week?	How often paid?	Monthly income before deductions?
Name and city of employer?	Employer phone?	Date started employment?	May we contact this employer? () Yes () No

Who else is working in your household?	Hours per week?	How often paid?	Monthly income before deductions?
Name and city of employer?	Employer phone?	Date started employment?	May we contact this employer? () Yes () No

ANNUAL HOUSEHOLD EARNED INCOME:

GROSS INCOME: CLIENT \$ _____ SPOUSE \$ _____ OTHERS \$ _____
NET INCOME: CLIENT \$ _____ SPOUSE \$ _____ OTHERS \$ _____

OTHER MONTHLY INCOME SUMMARY		MAJOR MONTHLY EXPENSES	
ALIMONY \$	SSI \$	RENT /MORTGAGE \$	CABLE & PHONE \$
CHILD SUPPORT \$	SOCIAL SEC. \$	UTILITIES \$	FOOD \$
DISABILITY \$	UNEMPLOYMENT \$	CAR PMTS + INS. \$	CHILD CARE \$
WORKER COMP \$	PENSION \$	CREDIT CARD \$	MISCELLANEOUS \$
TOTAL INCOME PER MONTH \$ _____		TOTAL EXPENSES PER MONTH \$ _____	

Are you able to show proof of eligibility for employment in the United States? () Yes () No

Release of Information:

I certify that the above information is true and accurate. I consent to the release of pertinent information contained in this application to other social services, government agencies, churches and/or other services as needed for the purpose that support and promote LifeSigns.US, Inc.

Client' Signature _____ Date _____

Anything else you want us to know?
