

R.I.S.E.

Reaching Individual Success Thru Empowerment

EMPOWER. EDUCATE. ELEVATE.

INITIAL INQUIRY & PARTICIPANT QUALIFICATION FORM

PARTICIPANT INFORMATION

Full Name:

Street Address:

City: State / ZIP:

Phone Number: Email Address:

Age: Date of Birth:

HOUSEHOLD & QUALIFICATION INFORMATION

Annual Household Income: Household Size:

Do you or someone in your household currently receive any of the following? Check all that apply.

- | | |
|---|-------------------------------------|
| ☐ SNAP / Food Assistance | ☐ Medicaid |
| ☐ TANF | ☐ SSI / SSDI |
| ☐ Unemployment Benefits | ☐ None |
| ☐ Prefer not to answer | |

EDUCATIONAL LEVEL

Please select your current or highest educational level.

- | | |
|---|--|
| ☐ Elementary / Middle School | ☐ Currently in High School |
| ☐ Some High School | ☐ High School Diploma |
| ☐ GED / High School Equivalency | ☐ Trade / Technical / Vocational Training |
| ☐ Some College | ☐ Currently Enrolled in College |
| ☐ Associate Degree | ☐ Bachelor's Degree |
| ☐ Graduate / Professional Degree | ☐ Other: <input type="text"/> |

SERVICES OF INTEREST

Which R.I.S.E. service(s) are you interested in? Check all that apply.

- | | | |
|---|---|---|
| ☐ Financial Literacy | ☐ Career Readiness | ☐ Entrepreneurship |
|---|---|---|

HOW DID YOU HEAR ABOUT R.I.S.E.?

- | | |
|---|--|
| ☐ Friend / Family | ☐ School / College |
| ☐ Housing Authority | ☐ Community Organization |
| ☐ Church / Faith-Based Organization | ☐ R.I.S.E. Workshop / Community Event |
| ☐ Facebook / Social Media | ☐ R.I.S.E. Website |
| ☐ Referral from Another Organization | ☐ Other: <input type="text"/> |

STAFF USE ONLY

Date Received: Received By:

- | | | |
|--|--|---|
| ☐ Financial Literacy | ☐ Career Readiness | ☐ Entrepreneurship |
| ☐ One-on-One Services | ☐ Group / Workshop Services | ☐ Follow-Up Needed |

Follow-Up Date: Participant / Inquiry ID:

Staff Notes: