



## Parent Application

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

County \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

**Family Status** (Please circle all that apply.)

Single Married Divorced Separated Cohabiting

Parenting Alone with other parent with parents with friends/others

Spouse's or Significant Other's Name: \_\_\_\_\_

Non-Custodial Parent's Name: \_\_\_\_\_

Please list name, age, gender of each child in your home:

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



PO Box 394 Detroit Lakes, MN 56502  
218-847-8572  
[www.lakescrisis.com/PIP](http://www.lakescrisis.com/PIP)



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**Parent/Guardian's Employment Status:**

Full time    Part time    Seasonal    Unemployed    Disabled

Training/School    Self-Employed

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Currently a Student? \_\_\_\_\_ Full/Part time? \_\_\_\_\_

What School? \_\_\_\_\_

History of Education: \_\_\_\_\_

(IF APPLICABLE)

**Spouse or Significant Other's Status:**

Full time    Part time    Seasonal    Unemployed    Disabled

Training/School    Self-Employed

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Currently a Student? \_\_\_\_\_ Full/Part time? \_\_\_\_\_

What School? \_\_\_\_\_

History of Education: \_\_\_\_\_



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**Check the programs you participate in:**

\_\_\_ Cash Assistance      \_\_\_ Food Assistance      \_\_\_ WIC  
\_\_\_ MA                      \_\_\_ SSI                      \_\_\_ MFIP

Other: \_\_\_\_\_

**Circle the support agencies you are currently involved with:**

- \*ECFE (Early Childhood Family Education)
- \*Lakeland Mental Health
- \*Lakes Crisis & Resource Center
- \*MN Workforce Center
- \*Public Health Home Visits
- \*Other \_\_\_\_\_
- \*Mahube Head Start
- \*Lakes Counseling
- \*LSS (Lutheran Social Services)
- \*Becker County Human Services
- \*Mahube Housing

I give permission for my information to be released to the PIP program. This application will be valid until such time that I decide to no longer participate in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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