



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:

Does Parent/Guardian Work/School? _____ Where? _____

Can Parent/Guardian be called at work? _____

Work #: _____

Check the programs you participate in:

___ Cash Assistance ___ Food Assistance ___ WIC ___ MA ___ SSI ___ MFIP

Circle the support agencies you are currently involved with:

*ECFE (Early Childhood Family Education) *Lakeland Mental Health

*Lakes Counseling *Lakes Crisis & Resource Center *Public Health Home Visits

*LSS (Lutheran Social Services) *Mahube Head Start *MN Workforce Center

*Becker County Human Services *Other _____



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