AT HOME GROUP
Assistance Application

Submit completed application to: Stephanie Silvers, AT HOME GROUP
P.O. Box 50277, Minneapolis, MN 55405
Phone: 612.277.0216 Fax: 612.767.3959 Web: www.athomegroup.org

_____

Your Name ***Your Phone Number*** ***Today's Date***

_____

Your Address ***City, State*** ***Zip Code***

_____

Email Address ***Name of Residence (if applicable)***

_____

Alternative Contact: Name and Phone Number (Someone who will know how to contact you)

If you have submitted an application and have not heard back from anyone within a week please call the office number listed above.

Please describe your living situation: _____

What program are you applying to(you can only choose one):

____***Tools for the Job - looking for tools, uniform, or an item necessary for your job. Please bring a list of items needed and costs. (up to $500)***

____***Education - looking to receive training for a trade or to receive a license. Please provide the name and information on your program. (covers up to $1,200)***

____***Your Own Business-Start up expenses to help start a small business. A business plan and business budget need to be submitted with this application. ($2,000 limit)***

Please explain what item or service you need and how it will help you secure and/or maintain work:

How did you hear about us? _____

Required: Please list other ways or places you have tried to get help for the above request:

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