

F.O.R.E. Application for Funding
701 Chesnut Street; Lebanon, PA 17042
717-273-9328
lebanoncountyfore.com

Name: _____

Date of Birth: _____

Application Date: _____

Have you ever received financial assistance from any agencies in the past? If yes, please explain.

Have you ever received scholarships to go into aftercare programs before? _____

Have you ever been in a program before? Ex. Jubilee, transitional living, sober living house?
If so, where and what was the outcome? _____

Do you have children? _____

Will you receive physical custody of your children upon release or in the near future? _____

Contact information for where you can be reached: _____

Name/Address for program/home plan you are applying for: _____

Will you have reoccurring expenses at this location? _____

If yes, what will they be and aproximate total? _____

F.O.R.E. Application for Funding

Page 2

How much are you asking F.O.R.E. to contribute? _____

How much are you able to contribute? _____

Are you employed? _____ Where? _____

What is your plan to support yourself financially in the future? _____

Do you have any bench warrants, unpaid fines/costs, pending criminal charges, or detainers against you? If yes, please explain. _____

Please explain why you are seeking funding assistance and why this will help you be successful with your reentry process: _____

Why are you currently incarcerated? _____

Signature _____

Signature of counselor/chaplain _____

Comments from counselor/chaplain _____