

<b>Applicant Name</b>		<b>Date</b>
<b>Address</b>		<b>Home Phone</b>
<b>City</b>	<b>ZIP (required)</b>	<b>Cell Phone</b>
<b>Email</b>		
<b>Best way to contact you?</b>		

1.  Yes  No I am a woman living in Price Hill or Cincinnati's West Side.
2.  Yes  No I am willing to participate in counseling sessions or I am currently receiving counseling at another agency and am willing to sign a Release of Information form so that my counselor can share information about my current work & emotional support. (where? \_\_\_\_\_)
3.  Yes  No I am interested and willing to set and work toward goals to make positive changes in my life.
4.  Yes  No I am willing to be held, and to hold myself, accountable for the hard work that I do in working toward my goals.
5.  Yes  No I am able to commit time to work toward making positive changes in my life.
6.  Yes  No I promise to maintain regular contact with The Women's Connection (for example, update my contact information as needed).
7.  Yes  No I want to be an equal partner and maintain my responsibility toward the work I do.
8.  Yes  No I want to discover and/or use my strengths to improve the conditions that affect my life.
9.  Yes  No I will make a sincere effort to share my work and my strengths with others who work with me in the programs at The Women's Connection
10.  Yes  No I would like to receive support in at least one of the following areas: (circle all that apply)

- |                          |                             |
|--------------------------|-----------------------------|
| Basic Needs              | Doing Something New         |
| Work-Related Needs       | Getting Support             |
| Learning                 | Finding Meaning and Purpose |
| Dealing With My Emotions | Handling Stress             |
| Making New Friends       | Other                       |

Appointment Scheduled? \_\_\_\_\_ Date/Time \_\_\_\_\_