

LIFT Information Sheet

Please complete the following and return to LIFT at PO Box 105, Culver, IN, 46511. All questions can be directed to LIFTUp2012@gmail.com or 574-842-2173.

Name (First, Middle and Last) _____

Address: _____

Phone number: _____

E-mail address: _____

Age: _____

Are you currently working? If so, where? _____

Are you in school? If so, where? What is your major? _____

What are your current living arrangements? Alone Parents Partner Friends

Do you have any children? If so, what ages? _____

How did you hear about LIFT? _____

Who in your life is a positive support for you? _____

What do you feel are your personal strengths? _____

What do you feel are your personal challenges? _____

In what areas of your life do you feel like you need some assistance? _____

How can LIFT help you right now in your life? _____