

Ascend Program Application



Program Description

Ascend provides comprehensive supportive services that focus on management of mental health challenges, health care, financial and personal accountability, education and employment. In connecting participants to community resources and teaching them valuable real-life skills while living independently in their own shared apartments, those served in the program have an increased opportunity to be healthy, independent, successful members of the community for a lifetime.

Program Eligibility and Requirements

- Participants must be at least 18 but not have reached their 26th birthday by date of application.
- Participants must be willing to work on their mental health recovery
- Participants must be unmarried and have no legal dependents, nor have a legal guardian.
- Participants must be willing to find employment within 30 days of entering the program
- Participants must actively work toward their employment and/or educational goals
- Participant must be willing to commit to adhering to program guidelines, including building life skills and maintain cleanliness of program housing
- Participants must be willing to participate in all program activities, including weekly support groups, meeting with their case manager and working toward achieving goals

Name _____

Preferred Name/Nickname _____

DOB _____ Gender/Pronouns _____ Primary Language _____

Address _____

Email Address _____ Phone _____

List 2 References (adults who know you well) whom we have permission to contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If you have a social worker or case worker, please provide their information below.

If you do not, check here _____

Name _____ phone _____

Agency _____ title _____

PART ONE

Education & Job Readiness

What is your highest level of education: _____

Are you in school now? If yes, where? _____

Are you currently employed? Yes _____ No _____ If yes, where? _____

How many hours per week: _____ How long have you worked there? _____

If you are not employed, are you willing to commit to finding employment for at least 20 hours per week within 30 days of residing in the program? _____

**If you already have a résumé, please feel free to attach it*

Mental Health

Do you have a Mental Health Diagnosis? Yes _____ No _____

Are you currently prescribed any medications? Yes _____ No _____

Using the scale below, identify where you feel you are in your recovery from your mental health challenges:

1	2	3	4	5	6	7	8	9	10	
Just starting my journey & have much to learn			Beginning to feel my life move forward and applying new skills and information.			Feeling a sense of accomplishment in my recovery.		My recovery is imbedded in my everyday activities and I have hope for myself & others who live with mental illness.		

Family & Housing

What is your current housing situation? _____

How long have you lived there? _____

Who do you live with? _____

Signature: _____ Date: _____

PART TWO

Please attach a one to two page(s) written response to the following questions:

- 1) Please tell us about yourself and describe who you are (hobbies, interests, achievements, goals, etc...)
- 2) Please describe how you think this program can help you achieve your goals and what you expect from participating in the program

This application can be submitted by bringing it in person or mailing to:

Ascend, 990 Apple Blossom Dr., Neenah, WI 54956 or FAX (920) 215 3095 or email to mtennie@pillarsinc.org