

Moms on the Move (MOMs) Application

MOMs is a ministry of Samaritan Outreach – Empowering and encouraging hardworking, single mothers to achieve meaningful goals related to employment, housing, education, home ownership, and finances.

Printed Name _____ Phone # _____

Home Address:

Street _____ City, State _____, _____ Zip Code _____

Email address (if any) _____

QUALIFICATIONS (CHECK ALL THAT APPLY):

- Single mother, Age of 22-45, with children 0-12 living with you as the primary caregiver.
- Attending college, working (PT or FT each week), or have recently (within the last 12-18 months) lost your job and you are currently looking for work.
- Living in the Dayton, Ohio area (includes Montgomery and Greene County).
- Willing and able to attend a MOMs meeting on a regular basis (usually monthly)
- Willing to make a year-long commitment to work on achieving your goals

Do you meet all of these qualifications? Yes ___ No ___ . If you answered “No”, you are not eligible.

STOP HERE.

Do any of the following conditions apply to you (check all that apply)?

- incarcerated
- living in a rehabilitation facility or halfway house
- participating in a substance abuse program
- homeless
- sex offender (past or present)
- not able to work or attend college
- Currently live with your boyfriend or baby’s father

Do you have any health conditions (pregnant, physical handicap, mental disorder, etc.) that could make it hard for you to participate? Yes ___ No ___ If you answered “Yes,” please explain in space provided below.

PLEASE COMPLETE THE GOALS QUESTIONS (SEE PAGE #2)

Your Goals Sheet for MOMs

Answer all questions that apply to you. Write your answer or send us a video recording. For more space, use the reverse side or attach another sheet. If you have no goals in an area, then answer "none."

1a. What are your goals in education?

1b. How can we help you achieve your educational goals?

2a. What are your goals for your children's education?

2b. How can we help you achieve your children's educational goals?

3a. What are your goals for employment and to support your family?

3b. How can we help you achieve your employment goals?

4a. What are your goals for housing or homeownership?

4b. How can we help you achieve your housing or homeownership goals?

5a. What are your financial goals?

5b. How can we help you achieve your financial goals?

Do you have any other goals that you would like MOMs to help you achieve? Yes ___ No ___

If yes, please share:

Printed Name: _____

Signature: _____ Date: _____

Note: Samaritan Outreach Steering reserves the right to select participants, determine the number of participants, and designate how funds will be used and dispersed. Moreover, they will oversee the administration of all grants, in-kind gifts, and reserve funds. Please be advised that applicants who deliberately falsify information will be disqualified from the program. **Privacy Act Waiver:** Upon signing this application, the applicant gives Samaritan Outreach permission to seek or share pertinent information for processing the application and promoting the ministry.