



WE BELIEVE:
 It takes GRIT to forgive.
 It takes GRIT to heal.
 It takes GRIT to grow

Application for Admission

If form is completed by hand please print clearly. APPLICANT refers to the individual being considered for admission. It is TimberCreek's policy to admit and treat all eligible male applicants regardless of race, color, national origin, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

Biographical Information

Applicants Name:		
Street (Current Placement Address)		
City:	State:	Zip:
County:	Phone:	Race:
Date of Birth:	Height:	Weight:
Age:	SSN:	

Legal Guardian

Name:	Relationship to Applicant:	
Agency: (If MDHHS Provide County and Supervisor)		
County:	Supervisor:	
Address:		
Phone:	Cell:	Fax:
Email:		

Caregiver Information

Primary Caregiver Name:		Date of Birth:
Relationship to Applicant:		
Home Address:		
Home Phone:	Cell:	Email:
Employer:		
Last 4 Digits of Social:		
Secondary Caregiver Name:		Date of Birth:
Relationship to Applicant:		
Home Address:		
Employer:		
Last 4 Digits of Social:		
Parent's Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Never Married	<input type="checkbox"/> Other



info@tc ranch.org
 (517) 507-3144

TIMBERCREEK

13014 Sunny Crest Ln
 Sunfield, Michigan 48890





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Financial Information

Household Annual Income

Information based should reflect the combined income of any/all parents, guardians
 TimberCreek will provide information on basic household income in order to receive grants that help fund our services. Household income does not affect your potential eligibility

Annual Income: (Applicant's primary residence)	<input type="checkbox"/> 0 – 9,999	<input type="checkbox"/> 41,000 – 50,000	Source of Income: (ex. FT/PT Employment, Social Sec, SSI, Child Support, TANF, Food Stamps, Adoption Assistance, Unemployment, etc.)
	<input type="checkbox"/> 10,000 – 20,000	<input type="checkbox"/> 51,000 – 60,000	
	<input type="checkbox"/> 21,000 – 30,000	<input type="checkbox"/> 61,000 – 70,000	
	<input type="checkbox"/> 31,000 – 40,000	<input type="checkbox"/> 71,000 – 80,000	

Insurance Information

Current Insurance Provider:			
Name of Policy Holder:			Full SSN of Policy Holder:
Policy Number:			Group Number:
Benefits Phone Number:			
Secondary Medical Insurance:			
Name of Policy Holder:			Full SSN of Policy Holder:
Policy Number:			Group Number:
Benefits Phone Number:			



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