**In Her Strength Client Application Form**

**Name:**

**Address:**

**Age:**

**Marital Status: Divorced ☐ Legally Separated ☐ Married ☐ Significant Other☐**

**Single ☐ Widowed ☐**

**I currently live: ☐ Alone ☐ With family ☐ With friends ☐ With significant other**

**Do you have children? ☐ No ☐ Yes**

 **Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cancer Diagnosis and Treatment**

**Type of Breast Cancer:**

**Treatment:**

**Have you been informed about any counseling services, support groups or cancer centers in your area?**

**☐Yes ☐No**

**Comments:**

**As a result of your diagnosis have any of the following happened to you:**

**☐ Changed jobs or employers**

**☐Taken a leave of absence**

**☐Quit your job**

**☐ Been let go or fired**

**☐Missed work**

**☐Worked fewer hours**

**☐ Turned down a job or promotion**

**☐Felt that your work suffered**

**What are some of the challenges or obstacles that you have experienced since given the diagnosis/treatment?**

**What service would best benefit you from In Her Strength?**

**☐Grocery Gift Card ☐Gas Gift Card ☐Rent Payment**

 **☐ Utilities Payment ☐ Styled Wig ☐Emotional Support/Resources**

**How did you hear about us?**

**☐Social Media ☐ Referral ☐ Google Search.**

Client Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IHS Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_