

**ASPIRE Promotes Self-Sufficiency!**

[www.actionpathways.ngo/aspire](http://www.actionpathways.ngo/aspire)

**Cumberland County Office (910-223-0116)**

**4525 Campground Rd Fayetteville, NC 28314**

**Sampson County Office (910-249-4805)**

**360 County Complex Road, #117 Clinton, N.C. 28328**

**What Is *ASPIRE?***

**ASPIRE** is an acronym for Achievement, Success, Progress, Independence, Readiness and Evolve, words that exemplify ASPIRE’s core principles.

ASPIRE is a comprehensive, family-centered and holistic program that assists low- wealth individuals and families in obtaining skills, knowledge, and resources needed in order to become self-sufficient.

ASPIRE’s mission is to promote high-quality work ethics, economic literacy, and positive family values throughout Cumberland and Sampson counties.

**Program goals and services will provide services with assisting participants in obtaining employment. Services include:**

* Employment readiness training/workshops
* Educational assistance (GED & Continuing Education courses)
* Financial management/budgeting
* Nutrition/Health assistance
* Maintaining affordable/safe housing
* Community involvement- (Leadership Program)

# Program Requirements:

* Must be Cumberland/Sampson County resident
* Must provide proof of identification of **ALL** household members over the age of 18
* Income must be at or below Federal Poverty Guidelines for household size

 Action Pathways, Inc. is a non-profit community organization. 

* Income includes Wages, Federal subsidies (TANF, SNAP, Housing supplement, Section- 8 Vouchers), Unemployment Benefits, Supplemental & Social Security, Child Support, Alimony, Monetary Contributions, etc…
* Income must be provided for all household members related by birth, marriage, and/or adoption within a (single dwelling) household
* Must be willing to comply with **ALL** program guidelines (employment search, workshop attendance, must demonstrate gradual progression toward action plan goals, and must maintain bi-weekly contact with case manager)
* Must be willing to seek and obtain employment

**How Do I Enroll?**

All interested applicants must complete an application and meet with a Case Manager in order to have an Intake Assessment to be considered for the ASPIRE Program.

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|  **2024-25 INCOME POVERTY GUIDELINES at 125%** |
| Persons in family/household | Poverty Guidelines |
| 1 | $18,225 |
| 2 | $24,650 |
| 3 | $31,075 |
| 4 | $37,500 |
| 5 | $43,925 |
| 6 | $50,350 |
| 7 | $56,775 |
| 8 | $63,200 |
| *For families/households with more than 8 persons, add $9,080 for each additional**Person.* |

 *(Detach application)*

**Self Sufficiency Program Application**

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| --- |
| Legal Name: |
| Address: Apt./Unit #: |
| City | State: NC Zip Code: |
| Mailing Address: (If different) |
| Home Phone Number: ( ) | Cell Phone: ( ) |
| Birth Date : / / Age: | Gender: Male Female |
| Ethnicity: Hispanic Non-Hispanic |
| Race: Black/African American White Native American Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Marital Status: Single Married Divorced Separated Widow/er |
| Education Level: 0-8 9-12 HS Diploma GED Some College College/Tech Degree |
| Email Address: |
| Current Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who referred you to us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| FAMILY INFORMATION |
| Family Member Name | Relationship to applicant | Date of Birth | Age | Race | Gender | Ethnicity | Education |
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| Total Number in Family (include applicant, infants, children and adults): \_\_\_\_\_\_ |
| Income Source (check all applicable) Employment Pension/Retirement Union Benefits Unemployment Work Study General Assistance (Monetary Contributions) Alimony/Child support Work First Benefits/TANF Rental Income Social Security /SSI Worker’s Compensation Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Have you previously received assistance from us or participated in any other Action Pathways Programs? Yes No If yes, please list the programs, include dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification as well as the documentation to support it. I am aware that if I have knowingly given false information in order to receive assistance prosecution can take place.I am aware that I may be denied assistance if I am found ineligible. I understand that I have the right to appeal any denial of service or assistance for which I may be eligible.I allow release of information contained herein for the purpose of verification of my situation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature Date |