ASPIRE Promotes Self-Sufficiency!

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

- 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.

2026-2027 INCOME POVERTY GUIDELINES at 125%	
Persons in family/household	Poverty Guidelines
1	$19,950
2	$27,050
3	$34,150
4	$41,250
5	$48,350
6	$55,450
7	$62,550
8	$69,650
For families/households with more than 8 persons, add $7,100 for each additional person.	

(Detach application)

Self Sufficiency Program Application

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

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