



Dear Participant,

Thank you for your interest in Destined for Success Community Enrichment Services, Inc. (“Destined for Success”) as a provider of your Life Skills and Independent Living needs.

Destined for Success is a community-based non-profit 501 (c) 3 family services agency that provides youth and family intervention services to the Prince George’s County, Maryland, communities. Destined for Success provides educational, emotional, fiscal support for at-risk youth, foster youth, young adults and their families. Destined for Success seeks to empower its young people with the skills to maintain healthy relationships by emphasizing safety, structure, self-worth, independence and competence.

Destined for Success’ instructional component focuses on the following areas:

Job Readiness	Educational Assistance
Case Management	Diet and Obesity
Counseling	Transportation Assistance
Life Skills Training / Workshop	Substance Abuse Prevention
Financial Planning	Teen Pregnancy Prevention
AIDS Prevention/Testing/Safe Sex	Independent Living Skills

All applicants require an in-depth, face-to-to face assessment before a decision can be made regarding admission to the program.

If you know others who are in need of services, please have them contact our office at (240) 681-9624. Welcome to the Destined for Success family as you embark on your journey to greatness.

Sincerely,

Dione Dillard

Founder and President



Destined for Success
Community Enrichment Services, Inc.

“Life Skills” Application

Name: _____ Age: _____ Date of Birth: _____
Address: _____
Contact phone: _____
E-mail address: _____

What would you like Destined for Success Community Enrichment Services, Inc. to help you with?

- | | |
|---|---|
| <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Educational Assistance |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Diet and Obesity |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Life Skills Training / Workshop | <input type="checkbox"/> Substance Abuse Prevention |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Teen Pregnancy Prevention |
| <input type="checkbox"/> AIDS Prevention/Testing/Safe Sex | <input type="checkbox"/> Independent Living Skills |

Additional areas of interest:

This is an initial application to receive services. I understand that I will meet with a Case Manager/Advisor and other individuals who are part of the team working with me on _____ **(date/location)** to further discuss my goals and responsibilities. My signature below is documentation of my desire to receive/resume receiving independent living services. If I do not attend this scheduled appointment without making alternate arrangements my application for Independent Living services may be denied.

You may email the application to destinedforsuccess@d4sces.org or you may mail the application to:

12138 Central Avenue
Suite 853
Mitchellville, MD 20721

Name

Date