



PREPARES Marriage Enrollment Form

Program Site: _____ **Year** _____

Demographic Information

Name of Spouse 1:	Date of Birth:
(First Name, Middle Initial, Last Name)	Month/ Day/ Year

Race/ Ethnicity

Asian Black or African-American White Multiracial Other

Non-Hispanic Hispanic Haitian Other

Email Address: _____

Mobile Number: _____

Name of Spouse 2:	Date of Birth:
(First Name, Middle Initial, Last Name)	Month/ Day/ Year

Race/ Ethnicity

Asian Black or African-American White Multiracial Other

Non-Hispanic Hispanic Haitian Other

Email Address: _____

Mobile Number: _____

Home Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Child(ren): YES or NO **Number of Child(ren):** _____

Wedding Anniversary Date: / / / (MM/DD/YYYY)

Of Members in the Household: _____

Annual Household Income: (Incomes under \$60,000 receive free services)

<input type="checkbox"/> Received Food Stamps (past 6 months)	<input type="checkbox"/> Disability	<input type="checkbox"/> Receiving TANF Benefits
<input type="checkbox"/> \$0-20,000	<input type="checkbox"/> \$20,000 - \$40,000	<input type="checkbox"/> \$40,000 - \$60,000
<input type="checkbox"/> \$60,000 - \$80,000	<input type="checkbox"/> \$80,000 - \$100,000	<input type="checkbox"/> over \$100,000



Consent to Participate in Program

The Marriage Program will focus on relationship enhancement for couples. PREPARES will provide a host of activities that will strengthen, enlighten and provide fun engagement for all participants. It includes 7 date nights free of charge to couples who commit to completing the full project offerings. All date nights also include complimentary food and beverage. Date nights occur on Friday evenings and provide immersive marriage and relationship education.

You will receive services supported by federal funds, and, as such, the program will not teach or promote religion. Marriage Education will be the messages taught in the program. If you have any questions about our program or organization, you can contact Myra Brown, Program Director, at (305) 232-6003

SURVEY QUESTIONNAIRES: As part of the evaluation of this program, you may be asked to complete a survey up to three times: at the beginning of our program year, at the end of our program year to measure changes in knowledge, attitudes, and behavior related to marriage and if possible up to 120 days later.

Answers to the survey are strictly confidential! Your name will NOT be on the survey. The answers provided will be combined with answers from all other participating couples. You will never be identified by name in any evaluation reports.

Your participation in completing the survey questionnaire is mandatory. Your commitment will help us to learn more about behavior and attitudes, and to develop effective marriage programs.

I, the undersigned, hereby give permission to participate in the **ReCapturing the Vision Intl, Inc. (RTV) Marriage Program**. In doing so, I do hereby waive, release and forever discharge **RTV**, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my participation. I also grant the right to administer all medical services that may result from injuries during participation, including emergency and referral if necessary.

The **RTV Marriage Program** has my permission to use any and all photographs taken of me in advertising and promotional materials. **(Strike this sentence if you do not want to give permission and initial.)**

I certify that I have an understanding of this agreement and any risks and hazards associated with the program described above that I will be participating in. I further understand that I have the opportunity to fully discuss this agreement and/or the curriculum and program with the Program Director.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to RTV to transport me or my spouse to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

1. Online at <https://rtv.org/prepares/>) or
2. Complete application then email it to: prepares-enrollment@rtv.org for processing.

Print Name of Spouse 1

Signature of Spouse 1

Date

Print Name of Spouse 2

Signature of Spouse 2

Date