APPLICATION FOR ASSISTANCE

Last 4 digits of SS # ____________ **First Name** ____________ **Last Name** ____________

Intake Worker Initials: ________

Intake Date: ________

Client's Address:

Home Phone: ________

Line 1: ______________________________

Work Phone: ________

Line 2: ______________________________

Date of Birth: ________

City: ____________________ **Zip Code:** ________

Marital Status:

☐ Married ☐ Separated ☐ Single
☐ Divorced ☐ Widowed

Race or Ethnic Background

☐ African American
☐ White ☐ Middle Eastern ☐ Asian or Pacific Islander
☐ Hispanic ☐ Native American ☐ Other

Head of Household

☐ Female
☐ Male

Client Receives:

TANF	Section 8	SSI Disability	Food Stamps	Other Assistance	Medicaid
☐ Yes	☐ Yes	$________	$________	$________	☐ Yes

Employed? ☐ Yes **Income:** $____________

Client is Requesting: **Amount:** ____________

Food Delivery ☐ Yes **Pay To:** ______________________________

Financial Assistance ☐ Yes **Address Line 1:** ______________________________

Financial Mentoring ☐ Yes **Address Line 2:** ______________________________

Holiday Program ☐ Yes **City:** ____________ **State:** ____ **Zip:** ________

Back to School Program ☐ Yes

Comments:

Referring Agency:

☐ CSP ☐ DFS ☐ HS ☐ NVFS ☐ Other ____________

Social Worker: **Phone #:**

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Last 4 digits of SS #	First Name	Last Name
______________________________	______________________________	______________________________

Number in Household:

Women:______ Men:______ Girls:______ Boys:______ Handicapped:______ Elderly: ______

Client Family Members

#	Family Member Name	Birth Date	Sex	Relationship	Last 4 digits of SS#
1	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
2	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
3	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
4	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
5	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
6	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
7	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
8	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
9	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	
10	First: Last (If different)		☐ Female ☐ Male	☐ Spouse ☐ Relative ☐ Child ☐ Non-Relative	