

Caring Hands Ministry

Application for Assistance

Date: _____ Interviewer: _____ Assistance Requested: _____

Relationship: Single Engaged Married Separated Divorced Widowed Widower

Head of Household Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address Line 1: _____ Address Line 2: _____

Zip: _____ City: _____ State: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Date of Birth: _____

Gender: Male Female Driver's License Number: _____

Email: _____ Number in Family: _____

SS# _____

List Other People in the household (Use a separate paper for additional family members):

Last Name	First Name	Relationship	Gender	Date of Birth

Monthly Income (Please list all sources of income, i.e. Salaries, Child Support, Social Security, SSI, AFDC, etc.):

Source	Amount	Household Recipient
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Monthly Expenses (Please list all expenses with account numbers):

Payee	Amount	Payee	Amount
1.	\$	7.	\$
2.	\$	8.	\$
3.	\$	9.	\$
4.	\$	10.	\$
5.	\$	11.	\$

If you are requesting rent assistance, please give us the name and phone number of your landlord.

If you are requesting utility assistance, please give us the account number(s) and name that it is in.

How can we help? (Briefly describe your immediate need):

Were you referred to Northeast? If yes, by whom (include their relationship to you and a phone number)? _____

Are you employed? Yes No Yes, Self Employer: _____

Do you attend Northeast Christian Church? Yes No

If yes, as a: Regular Attendee Member Occasional Attendee Visitor

If no, list church home (include Pastor and church phone number): _____

Have you received assistance at any time from Northeast? Yes No If yes, when? _____

If yes, what kind of assistance? _____

Have you received assistance at any time from another organization? Yes No If yes, when? _____

What organization? _____

If yes, what assistance was given? _____

What other resources are available to you (include family resources, as well as organizations, programs)? _____

May we contact you again: For follow-up? Yes No With information about Northeast? Yes No

Have you seen a financial counselor within the last six months? Yes No

If yes, when and who? _____

If no, would you be willing to see a financial counselor? Yes No

Are you disabled? Yes No

Do you have physical or emotional issues that hinder you from meeting your financial needs? Yes No

If yes, explain briefly: _____

Would you be willing to participate in a self-help program? Yes No

What I own (List item and dollar amount; for cars, also list year, make and mileage):

Checking Accounts	\$	IRA(s), 401K(s), Retirement Funds	\$	Car	\$
Saving Accounts	\$	Mutual Funds/ Stocks/ Bonds	\$	Car	\$
Money Market Funds	\$	Insurance (cash value)	\$	Other Property (market value)	\$
Certificates of Deposit	\$	Home (market value)	\$	Other (list on separate sheet)	\$

How would you describe your current relationship with Jesus Christ? _____

If Jesus is not the leader of your life, would you like more information on how to ask Him? Yes No

Do you have any prayer requests: _____

References' names and phone numbers (other than relatives):

1. _____
2. _____
3. _____

PLEASE NOTE THAT IT TAKES 2-3 BUSINESS DAYS AFTER RECEIVING THE FORM TO REVIEW AND MAKE A DECISION.

Consent for Release of Information (must be signed to receive financial assistance, food, clothing, services, etc.):

The information I have provided is true and correct. I understand that my information is tracked in order to assess my household needs and to provide better services such as housing, utility assistance, food and other services. My information will be shared among the agencies from which I have requested emergency assistance or case management. If I am applying for utility assistance, my identifying information will be shared with my utility provider in order to secure payment to the correct account.

A representative of Northeast Christian Church has answered my questions about my privacy concerns.

Signature of Applicant

Date