



Pending \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUEST FOR ASSISTANCE**

**Date of application:** \_\_\_\_\_

Applicant and Household Information			
SSN/Tax ID #:	First Name:	MI:	Last Name:
Current Address:			Apt #:
City:		Zip Code:	Email:
Home Phone:	Cell Phone:	Work Phone:	Homeless <input type="checkbox"/> Veteran <input type="checkbox"/>
Previous Address:			
Previous Address:			
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		Birthdate:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Driver's License #:	State:	Ethnicity:	
Employer:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Alias/Maiden Name:	
Church Affiliation:	Highest Education Level Completed: High School Grade ____ HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate <input type="checkbox"/>		
Other Household Members (list ALL additional adults and children)			
Name	Relationship to Applicant	SSN/Tax ID #	Birthdate
Assistance			
Referred by (if applicable):			Written Referral: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive (EBT) Food Stamps? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much \$ _____			
What <u>crisis</u> causes you to apply for financial assistance? Please explain. <input type="checkbox"/> Decrease In Income: _____ <input type="checkbox"/> Unexpected Necessary Expense: _____			
What do you need help with today?			
Have you or a household member ever requested service from us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			When?
What assistance was given at that time?			

*Please fill out front & back of form.*

MONTHLY Household Income			
Your Take-Home Pay	\$	Social Security Income	\$
Spouse/Other Pay	\$	Federal Student Financial Aid	\$
Unemployment Compensation	\$	Work First	\$
Worker's Compensation	\$	Food Stamps	\$
Child Support/Alimony Income	\$	Other Income _____	\$

MONTHLY Expenses			
Rent	\$	Food	\$
Water	\$	Medical Insurance	\$
Childcare Expenses	\$	Other Medical Expenses	\$
Child Support Paid	\$	Car Payment #1	\$
Electric	\$	Car Payment #2	\$
Natural Gas	\$	Car Insurance	\$
Television	\$	Gasoline	\$
Internet	\$	Other Transportation Expenses	\$
Phone	\$	Credit Card Payments	\$
Education (Tuition/Fees)	\$	Other Loans	\$
Clothing	\$	Other Expenses	\$
Laundry	\$	Other Expenses	\$
Pets	\$		
Gifts	\$		

I understand that the mission of Dorcas Ministries is to support families and individuals in crisis. This emergency assistance is not intended to be an income supplement or to be provided on a regular basis. By signing this form, I give Dorcas Ministries permission to contact whomever necessary to verify my need, make a responsible decision regarding assistance to my household, and to seek further resources with regard to my request. This permission includes but is not limited to, landlords, mortgage companies, utility or other service providers, medical providers and pharmacies.

I also understand the information I provide will be used to verify my need, negotiate on my behalf, and to assist my household or other agencies assisting my household. My signature on this form indicates that all information I have given Dorcas Ministries is accurate and complete to the best of my knowledge.

**I understand that if I have given false information, my household and I will be barred from receiving any future assistance from Dorcas Ministries. Also, the incident may be shared with other organizations.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**For Office Use Only**      Date \_\_\_\_\_      Counselor Initials \_\_\_\_\_

**Food**  Yes  No # of Bags \_\_\_\_\_      Referred to \_\_\_\_\_

**Assistance Awarded**  Pledge \$ \_\_\_\_\_ To \_\_\_\_\_

Promissory Note \$ \_\_\_\_\_ To \_\_\_\_\_

**Follow-up needed now:** \_\_\_\_\_

**Counselor Comments:**