



<input type="checkbox"/> Pending _____ _____ _____
--

## REQUEST FOR ASSISTANCE

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

Applicant and Household Information			
<b>First Name:</b>		<b>MI:</b>	<b>Last Name:</b>
<b>Current Address:</b>		<b>Apt #:</b>	
<b>City:</b>		<b>Zip Code:</b>	<b>Email:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>Homeless</b> <input type="checkbox"/> <b>Veteran</b> <input type="checkbox"/>
<b>Previous Address:</b>			
<b>Previous Address:</b>			
<b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/>		<b>Birthdate:</b>	<b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>
<b>Driver's License #:</b>	<b>State:</b>	<b>Ethnicity:</b>	
<b>Employer:</b> <b>Full time</b> <input type="checkbox"/> <b>Part time</b> <input type="checkbox"/>		<b>Alias/Maiden Name:</b>	
<b>Church Affiliation:</b>		<b>Highest Education Level Completed:</b> <b>High School Grade</b> ____ <b>HS Grad</b> <input type="checkbox"/> <b>GED</b> <input type="checkbox"/> <b>Some College</b> <input type="checkbox"/> <b>Associates</b> <input type="checkbox"/> <b>Bachelor's</b> <input type="checkbox"/> <b>Post Graduate</b> <input type="checkbox"/>	
Other Household Members (list ALL additional adults and children)			
Name	Relationship to Applicant	SSN/Tax ID #	Birthdate
Assistance			
<b>Referred by (if applicable):</b>		<b>Written Referral:</b> 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:**  
 \_\_\_\_\_  
 \_\_\_\_\_