

# REQUEST FOR FINANCIAL ASSISTANCE

## CLIENT GENERAL INFORMATION:

Date \_\_\_\_\_ Appt. Time \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_ Photo ID \_\_\_\_\_ ID Type \_\_\_\_\_

Marital Status \_\_\_\_\_ Employment \_\_\_\_\_

## Reason for request for assistance (include other agencies contacted)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Telephone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Partner Information:

Name \_\_\_\_\_ Gender \_\_\_\_ DOB \_\_\_\_\_

### Other Contact:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Total people in household \_\_\_\_ Children \_\_\_\_ Church \_\_\_\_\_

Head Start (Y/N) \_\_\_\_ WIC (Y/N) \_\_\_\_ Housing Type \_\_\_\_\_

## CLIENT INCOME AND HOUSING EXPENSES:

Income \_\_\_\_\_ Other Income \_\_\_\_\_

Housing \_\_\_\_\_ Utilities \_\_\_\_\_ Medical \_\_\_\_\_ Transportation \_\_\_\_\_

Childcare \_\_\_\_\_ Food \_\_\_\_\_ Debt \_\_\_\_\_ Other expenses \_\_\_\_\_

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(This section is to be filled out by interviewer. You may use back for additional notes.)

Action: \_\_\_\_\_

\_\_\_\_\_

Needs Verified (Y/N) \_\_\_\_\_ Client Confidentiality – Signed form (Y/N) \_\_\_\_\_

Interviewer's Name \_\_\_\_\_