# The Family Resource Center Application

### **APPLICANT INFORMATION:**

These Verifications will be needed when submitting application

- 1. State ID or Driver's License
- 2. Lease Agreement
- 3. Pay stubs or Social Security award letter or unemployment letter
- 4. Verification of hardship

	Applicant's Name: (Last. First)			Today's Date:				
	Street Address: (Include lot or apartment number.)							
	City/Township:	State: Zip Code:		ode:				
Telephone Number(s): (Indicate if number(s) is &If or Message)       Email Address:					55:			
Нс	w would you prefer to be contacted by FRC s	staff?text	phone _	_ email non	e, I will call FRC			
ls	this the first time you have received services	from FRC? I	NoY	es				
W	ere you referred here by another agency?	_NoYes, by _						
W	hat is your highest level of education complet	ted?College	High	SchoolGE	EDNone			
	o you or anyone in your family struggle with ost days? Are you interested in ir					• •		
	o you or anyone in your family struggle with ys? Are you interested in informa	-			-	∣ative way most		
На	ave you ever been convicted of a felony? If y	es, what charges	s have y	ou been convi	icted of			
Do	es your household receive SNAP/food stamp	s?NoYes	s, amoui	nt: \$				
Ar	e all members of your household covered by	health insurance	?No	oYes				
Do	bes someone in your household own a vehicle	e?NoYes	-Strugg	e to maintain	or insure vehicle? _	NoYes		
Do	bes someone in your household use public tra	insportation (bus	/shuttle	through BCRT	`A)?NoYes			
Do	bes someone in your household need help pa	ying for childcare	e?N	oYes				
Do	o you consider your household to be self-suff	icient most of the	e time?	NoYes				
W	hat issue(s) is/are your household experiencing	g that you would I	ike to re	solve?				

## HOUSEHOLD INFORMATION: Please list all household members that live at the address above

Name (Last, First)	Last 4 digits of Social Security Number	Birth Date	Relationship to Applicant	Race/ Ethnicity	Disabled
			SELF		Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No



# HOUSEHOLD INCOME AND FINANCES

Please list all current sources of income for yourself and all household members age 18 and older:

Person with Income	Source of Income	Amount of Income	How Often Income is Received

### CURRENT MONTHLY EXPENSES Don't include groceries purchased with food stamps

Rent	\$ Car Payment	\$ Groceries (cash only)	\$
Electric	\$ Car Insurance	\$ Hygiene	\$
Gas (Heat)	\$ Gasoline/Transport	\$ Household	\$
Phone	\$ Health Insurance	\$ Child Care	\$
Trash	\$ Cable/Satellite	\$ Child Support	\$
Water	\$ Laundry	\$ Other	\$
Internet	\$ Credit Card Bill	\$ Other	\$
Prescriptions	\$ Loans	\$ Other	\$

### AUTHORIZATION FOR RELEASE OF INFORMATION

Ι,

, give The Family Resource Center personnel permission to contact any agency(s), organization(s) or company(s) in order to determine assistance that am currently receiving or need. I understand that this release will be in place for one year. I understand that this release will enable the Family Resource Center personnel to coordinate services on my behalf. I further understand that if I choose to revoke this release, I need to do so in writing and that any falsification of information may result in denial or discontinuance of services. I have read and understand the terms of this Authorization for Release of Information. I agree to the terms and sign it voluntarily.

Applicant Signature

Date

#### FOR STAFF USE ONLY:

Case Manager	Req	uest Type					
Residency Code: Household Type:	Income Type:	Sub-type:	Race	_ 1 <sup>st</sup> time			
Total Monthly Household Income \$	% of FPG						
Total Monthly Household Expenses \$	Is this	household sustai	nableNo _	Yes			
Has the Household experience qualifying hardship in the past 60 days?NoYes - Verified?NoYes							
Approved for EFA funds?NoYes – Amount \$ Justification for Approval/Denial:							
Referrals:BBHHEAPOBF	TOPSS	FONIN	PUSH	Access			
Oxford SeniorsSELFSELF	F – HEAP/PIPP	Senior Co	ommodities _	Lions Club			
Youth ServicesYWCAOpen	i HandsAssu	urance/Lifeline Ph	oneWom	en's Center			