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 st 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			