



Name _____
(Last) (First) (Maiden/Middle)

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone Numbers – Home: _____ Cell: _____ Other: _____

Marital Status – Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed: _____ Other: _____

Race – Black: _____ Hispanic: _____ White: _____ Other: _____

Level of Education – Some High School: _____ High School Diploma / GED: _____ Some college or tech training: _____

College Degree or Technical Certification: _____

List all household members including yourself:

	Name	Date of Birth	Age	Gender	Relation	Last 6 # of SSN/ID	Verified
1.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
7.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>
8.	_____ (First) (Last)	_____	_____	_____	_____	_____	<input type="checkbox"/>

Do you have a referral? _____ If so, from where? _____

Do you receive Food Stamps? _____ If no, have you ever applied? _____ Date applied: _____

If yes, when do you receive them? _____ What amount? _____ Stamp # _____

Do you or any member of your family smoke? _____ If yes, how many packs per week? _____

Health care coverage: Insurance: _____ Medicare: _____ Medicaid: _____ CHIP (ALL Kids): _____ Other: _____ None: _____

How many cars are used by your household? Paid: _____ Owe payments: _____

Have you received assistance from another church, ministry, or agency within the last three months? _____

If yes, from where? _____

What type of assistance are you requesting today? _____

<u>Sources of Income</u>			<u>Monthly Expenses</u>	
Place of Employment or Source of Income	Person Receiving this Amount	Income Amount	Expense Amount	Bills
_____	_____	_____	_____	Mortgage Payment / Rent (Circle One)
_____	_____	_____	_____	Car Payment / Lease (Circle One)
_____	_____	_____	_____	Power
_____	_____	_____	_____	Water
_____	_____	_____	_____	Gas/Propane (per month ___ per quarter ___)
_____	_____	_____	_____	Home Phone
_____	_____	_____	_____	Cell Phone (Number of phones _____)
_____	_____	_____	_____	Internet
_____	_____	_____	_____	Gasoline for car/transportation
_____	_____	_____	_____	Charge accounts
_____	_____	_____	_____	Loans
_____	_____	_____	_____	Doctor Visits
_____	_____	_____	_____	Prescriptions
_____	_____	_____	_____	Hospital
_____	_____	_____	_____	Food (including Food Stamps)
_____	_____	_____	_____	Insurance (auto, life, medical)
_____	_____	_____	_____	Legal Fines
_____	_____	_____	_____	Cable/Direct TV
_____	_____	_____	_____	Day Care
_____	_____	_____	_____	Other
_____	_____	_____	_____	= _____
	Food Stamp Amount	_____	_____	Balance at the end of the month
		Total	_____	
			Income	
			Expenses	

You must include ALL sources of income:

- Payments for Employment
- Social Security Income
- Social Security Disability
- Unemployment Benefits
- Child Support
- Financial Assistance from Others (including family & friends)

(Your interviewer will total the columns)

Be sure to read the following paragraph and sign at the bottom. If you have questions or don't understand, ask your interviewer to explain.

I agree that the information on page one and two of this application is true and correct to the best of my knowledge. I understand that any attempt to give untrue or misleading information is justifiable cause to be turned down for services. I also understand that the Church and Community Ministries (CCM) of the Shelby Baptist Association (SBA) is not a government agency under contract to provide services to the community and that any services provided are done so as a benevolent ministry. The CCM of the SBA reserves the right to turn anyone down for services who gives untrue information on this application or to the interviewer; who steals from or damages the property of the Association; or who exhibits inappropriate behavior toward an Association volunteer or employee. The CCM of the SBA has my permission to check any information collected from this application or gathered by the interviewer in order to verify the need for assistance. This information and/or any services received here may be shared with other agencies or ministries who provide the same or similar assistance via telephone, fax, internet (email and/or computerized tracking programs), personal communications, etc.

Client's Name

Date