

# Grace Resource Center Intake Form

Date \_\_\_\_\_

Client # \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Maiden Name \_\_\_\_\_ Marital Status \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Race \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Other Adults' Name \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

# of children living in home \_\_\_\_\_ Children's Name/DOB \_\_\_\_\_

## Employment History

Employer \_\_\_\_\_

Other Adult Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

How long employed? \_\_\_\_\_

How long employed? \_\_\_\_\_

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

How long unemployed? \_\_\_\_\_

How long unemployed? \_\_\_\_\_

Where have you applied for work? \_\_\_\_\_

Where have you applied for work? \_\_\_\_\_

Referred by \_\_\_\_\_

DHS Worker \_\_\_\_\_

Services Requested \_\_\_\_\_

Amount needed \_\_\_\_\_

*How much can you put toward this bill? \_\_\_\_\_*

*For Utility help, how long has bill been in your name? \_\_\_\_\_*

*Has it been in another person's name? \_\_\_\_\_*

*For rent, Landlord's name \_\_\_\_\_ phone \_\_\_\_\_*

*For shelter, how many children \_\_\_\_\_ adults \_\_\_\_\_*

*Are you living with someone due to being homeless? \_\_\_\_\_*

*Is someone living with you due to them being homeless? \_\_\_\_\_*

*Explain why you need assistance at this time or what crisis led you to come here: \_\_\_\_\_*

*How will your situation change next month? \_\_\_\_\_*

*How many times have you moved in the last 2 months? \_\_\_\_\_*

*The information I have provided above is TRUE. I give permission for the release of pertinent information to The Members of the Grace Resource Center coalition and any other organization helping to meet my needs. I understand that all information is kept confidential between the coalition groups.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY BUDGET INCOME / EXPENSES

Monthly Income/Benefits	Monthly Expenses
Gross Income Rate:\$ _____ Hourly/ Weekly/ Monthly	Rent / Mortgage \$ _____
Hours worked per week: _____	Electricity _____
Net take home pay monthly? \$ _____	Gas (heat) _____
Client second income _____	Water _____
Spouse income _____	Car payment _____
Other family income _____	Insurance (auto) _____
Unemployment benefits _____	Insurance (health) _____
Social Security–Disability benefits _____	Gasoline _____
Social Security – Survivor benefits _____	Credit Cards _____
Social Security – Retirement benefits _____	Laundry _____
Food Stamps _____	Prescriptions _____
TANF _____	Care _____
Child Care Benefits _____	Food _____
Child Support _____	Diapers _____
Workmen’s Compensation _____	Furniture _____
School loans/grants _____	Phone _____
Income tax refund _____	Cable/Internet fees _____
Other _____	Loans _____
<b>Total Income</b> \$ _____	Child Support _____
<b>Total Expenses</b> \$ _____	Tithes _____
<b>Balance</b> (Savings / Debt) \$ _____	Other (explain) _____
	<b>Total Expenses</b> \$ _____

### GRACE RESOURCE CENTER GUIDELINES FOR ASSISTANCE

**\*\*Please consider that the failure to plan on your part does not constitute an emergency on the part of the Grace Resource Center staff when seeking assistance.**

**1. YOU MUST HAVE THE FOLLOWING ITEMS FOR ASSISTANCE:**

\*Picture ID      \*Social Security Card      \*Copy of the cut off notice/eviction notice in your name

**2. WE ONLY HELP WITH ONE BILL AT A TIME AND ONLY ONCE PER YEAR.**

**3. WE WILL CONTACT YOUR CURRENT EMPLOYER TO VERIFY YOUR EMPLOYMENT.**

**4. WE DO NOT HELP WITH THE FOLLOWING:**

\*Phone bills or cell phone bills      \*Gasoline (unless it is for a doctors appointment)

**5. CHECKS WILL BE MADE PAYABLE TO BILL COMPANY/LANDLORD ONLY.**

**6. IF ASSISTED WE REQUIRE YOU TO COMPLETE A MONEY MANAGEMENT CLASS. IF YOU FAIL TO ATTEND YOU WILL BE INELIGIBLE FOR OUR SERVICES FOR 1 YEAR.**

**7. IF ANY FALSE INFORMATION IS GIVEN, ASSISTANCE WILL NOT BE PROVIDED.**

**8. THE GRC HAS A 24 HOUR WAITING PERIOD BEFORE ANY FUNDING IS DISPERSED.**

**9. GRC WILL NOT ASSIST IF YOU FAIL TO COME TO A SCHEDULED APPOINTMENT OR CALL.**

After the GRC staff has reviewed your situation, staff will determine to the best of their knowledge the resources that will meet your needs. It may be necessary for GRC staff to write a referral letter to a local church or agency for assistance. It is through their generosity that monetary assistance is given. No assistance will be granted from telephone calls. If you do not pick up a check given from a GRC referral, please call the GRC staff. If you fail to do so assistance will not be granted for 6 months.

I have read and understand the GRACE RESOURCE CENTER guidelines for assistance.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_