

Family Life Ministries Intake Application 2018

First Name _____ **Last Name** _____ **D.O.B** __ - __ - __
Address _____ **City** _____ **Zip** _____
Apt. # _____ **M-S-D-W** _____ **Employer** _____ **Race:** B W H A O

Phone # _____ **Spouse or Live In** _____ **Employed? Yes or No** _____

Others In Household _____ **Age** _____ **School** _____

Dependents are those
 you are legally
 responsible for.

_____ **Age** _____ **School** _____

_____ **Age** _____ **School** _____

_____ **Age** _____ **School** _____

_____ **Age** _____ **School** _____

_____ **Age** _____ **School** _____

Referred Clients
S.W. Name
VA
School Name

Income and Expenses
This space requires an amount

Special Needs *Is there anything we should be aware of when assisting you?*

Monthly Income \$ _____
 SNAP \$ _____
 Disability \$ _____
 S.S. \$ _____
 Other \$ _____

Please be aware of the following and sign and date the bottom of this form if you agree.

 Family Life is a community organization and not directly associated with the government or its programs. We assist those who qualify in the zip codes in which we draw support. Our food is donated to us and therefore covered under the Good Samaritan Law. We do everything we can to ensure it is worthy of being provided to you. If you receive food stamps, you must disclose this or it is considered fraud.

 Family Life has guidelines we abide by. We require documentation, residency in one of our service zip codes or a referral from a partner agency. We do not make our services available to *everyone* who comes in for assistance, but we are happy to help you locate resources in the area where you live. School Referrals and VA Referrals are exceptions to our zip code rules.

 We do not have public restrooms, utility assistance, rental assistance or any other type of financial assistance to give out. If you receive food stamps and do not disclose this, this is considered fraud and that information can be provided to the appropriate agency.

 We track data about you and your visits in order to provide statistics to the State and Federal Government about needed aid in our community. We do not provide names or addresses to outside agencies. Your personal information will be protected to the very best of our ability.

Housing \$ _____
 Electric \$ _____
 Water \$ _____
 Cable \$ _____
 Other \$ _____

By placing your signature on this form, you agree to abide by our guidelines and accept our food as given to you. No food should be swapped with others or consumed while on our premises.

Date _____ **2018**

Email: _____ @ _____ For closure information are able to receive text at number provided? Y N