

Client # _____

2010 APPLICATION FORM

Race

Applicant _____ Birth Date _____ B W A H
Last First Middle

Address _____ Phone # _____
Street # City, State Zip Code

Employer _____ **Is this person a Senior?** _____

Spouse's Name _____ Spouse Birth Date _____ B W A H
Last First Middle

Spouse's Employer _____ **Is this person a Senior?** _____

Marital Status () Single () Married () Separated () Divorced

LIST CHILDREN _____ AGE _____ SCHOOL THEY ATTEND _____ M/F _____ RACE _____ BIRTH CERT _____
ON FILE

Money Paid Out

Rent \$ _____
Gas \$ _____
Elec. \$ _____
Water \$ _____
Phone \$ _____
Other \$ _____

Your Income

Employment \$ _____
Soc. Sec. Ck \$ _____
S.S.I. Ck. \$ _____
A.F.D.C. \$ _____
Food Stamps \$ _____
Child Support \$ _____
TANF ____ Yes ____ No

Client Advised of the following:

Last visit on: _____ 2010
Bring Proof of residency on: _____ 2010
Bring Photo ID: _____ 2010
Birth certificates for children: _____ 2010

Assistance Given: Please indicate if a decision was made outside of guidelines & why

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Reason for Client to have no more visits: _____

Intake Worker Notes

EMERGENCY ASSISTANCE AGREEMENT:

I understand that the Agency I am applying to is a member of the Emergency Ass't. Coalition. The agency has my consent to share this information with other agencies in this coalition. Any food you receive might be purchased through the Atlanta Community Food Bank, formed to provide food assistance to non-profit agencies. It strives to prevent food waste by salvaging good but unmarketable food for the redistribution to those who need it. The recipient of any food from Family Life Ministries will hold them harmless from any and all liabilities, claims or any other obligation whatsoever arising out of or attributed to any action in connection with their use of items supplied to you by this ministry.

Client Signature _____

Date _____

FLM Vol. _____

Posted to Database by: _____