

Monroe County United Ministries, Inc. Emergency Services Intake

Name: _____ Phone: _____ Other Last Names Used:

Address: _____ City/Town: _____

Zip Code: _____ Township: _____ County: _____

Current Household Composition: List EVERYONE, starting with yourself

Name	Birth Date	Social Security Number	Relationship To You	Status
			Myself	S M D W
				S M D W
				S M D W
				S M D W
				S M D W
				S M D W
				S M D W

CLIENTS ARE EXPECTED TO PARTICIPATE IN THE SOLUTIONS TO THEIR EMERGENCY SITUATIONS AND DEMONSTRATE PROGRESS IF RETURNING FOR ADDITIONAL SERVICES.

Have you or any member of your household ever been sanctioned by the welfare department? yes or no

Have any members of your household worked in the past 30 days? yes or no

If yes,
Who: _____ Place of Employment: _____ Phone#: _____ F/P

Who: _____ Place of Employment: _____ Phone#: _____ F/P

Assistance: Are you receiving any of the following?

	Yes	No	Applied	When?
Public or Subsidized Housing				
Energy Assistance Program (Project Safe)				
Food Stamps				
TANF (Formally Called Welfare)				
WIC (Women's Nutrition Program)				
Hoosier Healthwise health insurance				

Please read carefully: By signing this application, I agree to the following:

1. I, the undersigned, certify and affirm that the information on this application is true and correct to the best of my knowledge and ability.
2. I understand that misrepresentation or omission can be cause for denial of services.
3. I hereby give permission to Monroe County United Ministries, Inc. to contact any relevant persons or agencies to verify and share information which would be helpful in understanding my needs, and I give consent to such persons/agencies to release information to Monroe County United Ministries, Inc.
4. I agree to hold harmless Monroe County United Ministries, Inc. as well as, any donor, against any ill effects suffered in the use of foods and any other donations received through this program. Monroe County United Ministries, Inc. does not warrant proper working condition of any donations received.
5. This application and the rights granted under it shall continue in full force and effect and shall grant Monroe County United Ministries, Inc. the rights granted herein, for all services applied for at the time this application is completed and for all further services requested in the future, and shall remain effective until a written request is made to Monroe County United Ministries, Inc. to revoke any rights or permissions granted herein.

Applicant's Signature: _____ Date: _____ **OVER**

Monroe County United Ministries, Inc.

Budget Sheet

***In the past
30 days***

***In the past
30 days***

Expenses \$ Paid \$ Still Owe

For Office
Use Only

Rent/House Payment			
Electric Energy			
Gas (Heat)/Propane			
Water/Sewer			
Fuel Oil/Wood			
Base Phone Bill			
2nd or Computer Line			
Cell Phone			
Long Distance Phone			
Food/Groceries			
School Lunches			
Paper/Soap/Laundry			
Child Care			
Child Support Paid			
Tobacco/Alcohol			
Gasoline			
Cab/Bus fare			
Car repairs			
Car payment			
Car insurance			
Health/Life insurance			
Medicaid Spenddown			
Medical bills			
Credit Cards			
Bank Fees			
Court Costs/Probation			
Judgements			
Rent-to-Own			
Cable/Satellite TV			
Internet Service			
Personal loans			
Other: _____			
Other: _____			

Income \$ Received

For Office
Use Only

Employment		
Employment		
Employment		
Unemployment		
Social Security		
SSI/SSI(D)		
VA Benefits		
TANF		
Foodstamps		
Child Support received		
Personal/Payday loan		
Student loans		
Rent subsidy		
Utility subsidy		
Trustee voucher		
Energy Assistance(SCCAP)		
SCCAP-Water		
Salvation Army/Church		
Blood Plasma		
Tax Refund		
Other: _____		

Assets

Car/Truck #1 Year: _____

Make: _____ Model: _____

Car/Truck #2 Year: _____

Make: _____ Model: _____

Signature _____ **Date** _____