

MID AMERICA ASSISTANCE COALITION STANDARD EMERGENCY ASSISTANCE INTAKE RECORD

AGENCY/CODE

DATE APPLICATION TAKEN

1. NEW	LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	BIRTH DATE	AGE	PHONE	ETHNIC	SEX
3.	4. SPOUSE'S NAME			5. SOCIAL SECURITY NUMBER	6. BIRTH DATE	7. AGE	8. MAIDEN NAME		

10. STREET ADDRESS OR RFD #	14. APT. NO.	15. NO. IN HOUSEHOLD
13. CITY	17. COUNTY	18. STATE
19. ZIP CODE		20. HOW LONG?

Veteran Status: Yes No

Disabling Cond: Yes No Don't Know

Housing Status: _____

Prior Living Situation: _____

21. ADDITIONAL HOUSEHOLD MEMBERS	Person	Soc. Sec. No.	Relation-ship	H	Birthdate/Age
1)					///
2)					///
3)					///
4)					///
5)					///
6)					///
7)					///

FOR AGENCY USE ONLY

Payee/Address

Food Voucher # _____

Rent/Mortgage _____

Utility Contact _____

22. BUDGET		
22. INCOME (GROSS)	Amount Per Month	TOTAL
H.O.H. _____	\$ _____	_____
Spouse _____	\$ _____	_____
Other _____	\$ _____	_____
Other _____	\$ _____	\$ _____

23. EXPENDITURES (ACTUAL)	Amount Per Month	Total
Rent/Mortgage _____	\$ _____	_____
Electricity _____	\$ _____	_____
Gas/Fuel _____	\$ _____	_____
Water _____	\$ _____	_____
Telephone _____	\$ _____	_____
Food (Excl. Food Stamps) _____	\$ _____	_____
Medical _____	\$ _____	_____
Transportation _____	\$ _____	_____
Credit Accounts _____	\$ _____	_____
Child Care _____	\$ _____	_____
Withholding Taxes _____	\$ _____	_____
Misc. _____	\$ _____	\$ _____
24. SUPPLEMENTAL BUDGET		Difference between Income & Expenditures \$ _____
Additional Resources: Food Stamps \$ _____ LIEAP \$ _____		
Check any that apply: Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> Housing: Sec. 8 <input type="checkbox"/> Public <input type="checkbox"/> Homestead <input type="checkbox"/>		
Past Due Expenditures		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

DESCRIPTION OF REQUEST NEED

26. WHY HELP IS NEEDED (Check)

a. Unemployment _____	e. Moving _____
b. Income Inadequate _____	f. Theft _____
c. Illness/Death _____	g. Family Disruption _____
d. Eviction _____	h. Homeless _____
i. Other _____	

27. FUNDS USED:

Warmth & Light	\$ _____	FEMA	\$ _____
Dollar-Aide	\$ _____	JCEAP	\$ _____
Dollar-Aide Credits	\$ _____	Project Warmth	\$ _____
Energy Aid	\$ _____	NHN	\$ _____
ECIP	\$ _____	City	\$ _____
Other	\$ _____	County	\$ _____

25. ASSISTANCE GIVEN TODAY:

Food (In-Kind)	\$ _____	For _____ Days	Persons _____
Food Vouchers/Coupons	\$ _____	Commodities: Yes _____ No _____	
Rent/Mortgage	\$ _____		\$ _____
Utility _____	\$ _____	Acct. # _____	
Utility _____	\$ _____	Acct. # _____	
Utility _____	\$ _____	Acct. # _____	
Clothing	\$ _____	# Items: _____	
Furniture	\$ _____	# Items: _____	
Transportation	\$ _____		
Medical	\$ _____		
Other, Childcare, Misc.	\$ _____		
TOTAL ASSISTANCE	\$ _____		

RELEASE OF INFORMATION/APPLICANT ATTESTATION:

I certify that the information I have provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social service agencies, the Mid America Assistance Coalition and vendors as necessary to complete services to my household, or to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to insure timely processing of this application.

X _____ Date _____
Applicant's Signature

X _____ Date _____
Interviewer's Signature