

WOMEN AND YOUTH CENTER APPLICATION FOR ASSISTANCE

Intake Date _____ Referral Source _____ Appt. time/date: _____

Last Name First Name Age & DOB Social Security #

Street Address City State Zip Code

Current or Last Place of Employment _____ Did or do you like this job? _____
Length of time at this job _____ Highest level of education completed: _____

Home Telephone Number (_____) _____ 2nd Phone (_____) _____

Gender: Male Female **Marital Status:** Married Single Divorced Separated **U.S Citizen:** Yes No
Ethnicity: Caucasian Black Hispanic Multi Racial Native Other _____

Type of assistance requested: _____

Household Profile

Name	Relationship to You	Age & Date of Birth	Social Security #	Ethnicity (Race)
1)				
2)				
3)				
4)				
5)				

Financial Profile

Monthly Income	Monthly Expenses
Salary/Wages \$ _____	Rent/Mortgage\$ _____
AFDC/TANF \$ _____	Lights/Gas\$ _____
Food Stamps \$ _____	Water \$ _____
Soc. Sec. \$ _____	Food \$ _____
SSI \$ _____	Car \$ _____
VA \$ _____	Insurance \$ _____
Alimony \$ _____	Medical \$ _____
Child Support \$ _____ How Regular? _____	Phone \$ _____
Other \$ _____	Other \$ _____
Total \$ _____	Total \$ _____

Release of information: I authorize the release of all information and photographs (*if taken*) as requested by the above named agency for the purpose of determining assistance to meet my emergency needs. The above information is true and accurate to the best of my knowledge.

Signature **Date** _____

Signature WAY Center staff/volunteer **Date** _____

