

ASSISTANCE INTAKE FORM

Rev 11/2020



Today's Date: _____ SERVICE EXTENSION UNIT: _____

Last Name: _____ First Name: _____

Service Address: _____

Service Address Only – do not enter mailing address - no PO Box

City _____ State _____ Zip _____ Phone _____

Male Female # living in Service Address: _____ # of Children under 18 _____

Employer: _____

Monthly Income: _____ Spouse's Name and Employment: _____

Describe the crisis of an increase in expenses or the decrease in income that have made it impossible to pay this particular bill:

THIS SECTION MUST BE SIGNED BY THE CLIENT FOR ANY AND ALL ASSISTANCE

RELEASE OF INFORMATION: I, the undersigned, authorize The Salvation Army to obtain and share information with other social welfare agencies that are bound by the Privacy Act, in order to make me eligible for assistance. I authorize The Salvation Army to release the above information to the vendor and authorize the vendor to release billing information about my account to The Salvation Army. I understand that I have the right to revoke this Release at any time, written or verbally. If verbally, the request to revoke must be made to my designated caseworker or their immediate supervisor. Once the Release is revoked no additional information can be released or disclosed. **DECLARATION:** Unless otherwise indicated on this form, I attest that I have not received assistance from The Salvation Army during the previous twelve months. I certify that I am financially unable to pay this bill, that I have exhausted all other sources of help with the bill and that the above information is true and correct to the best of my knowledge.

Client Signature: _____ Date: _____

TYPE(S) OF ASSISTANCE REQUESTED: (MARK ALL THAT APPLY)

- * Neither cash nor checks can be given to clients
- * Assistance amount not to include deposits – deposits will not be paid
- * It may take up to 30 days for the vendor to receive payment

Rent Emergency Lodging Transportation/Gasoline

Prescriptions Food Clothing

ACCOUNT # _____ Vendor or Utility Name: _____

Total Amount Due \$ _____ Assistance Amount Guaranteed: \$ _____

ACCOUNT # _____ Vendor or Utility Name: _____

Total Amount Due \$ _____ Assistance Amount Guaranteed: \$ _____

ACCOUNT # _____ Vendor or Utility Name: _____

Total Amount Due \$ _____ Assistance Amount Guaranteed: \$ _____

Was the client provided with additional referrals to other community organization for assistance? Yes No

If yes, please state where/why: _____

What barriers, problems or challenges did you face in aiding this client? _____

Caseworker Signature _____ Date _____

Section I

Section II

Section III