



APPLICATION FOR ASSISTANCE

Date: _____

Please Print

Full Name _____ Sex Female Male
(Last) (Middle) (First)

Street Address _____ Apt. # _____ Apt. Name _____

City _____ ST _____ Zip _____ Driver's License _____ DL State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth ____/____/____ Age _____ S.S. # ____--____-- Foreign ID# _____
Month Day Year

Race:

- White
- Black/African American
- Black/African American & White
- Asian
- Asian & White
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Other Multi-Racial _____

Female Head of Household? Yes No Hispanic Head of Household? Yes No

Marital Status _____ Level of Education _____ Referred By _____

E-mail address _____

Veteran Yes No Veteran's Dependent Yes No Veteran's Surviving Spouse Yes No

Disabled Yes No Registered with Texas Workforce Commission Yes No

Employer: _____ Occupation _____

Employer - Spouse: _____ Occupation _____

Are you receiving any of the following? _____ Social Security _____ Disability _____ Unemployment Benefits

How long have you lived at your current address? _____ Years _____ Months _____ Weeks

Have you received a disconnect or cutoff notice? _____ Yes _____ No

Are you at risk of being homeless? _____ Yes _____ No

Total Number of People in the Household _____

Have you received assistance from CLC in the past? Yes No If yes, when _____

Have you lived in a household that received assistance from CLC? Yes No

Which school district does your family live in? _____

Have you received assistance in the past three months from another organization? Yes No

What do you need help with? _____

The information provided is accurate and correct. I understand that any false information will result in suspension of services. And I understand that meeting with a case manager does not guarantee assistance will be provided.

Signature _____

Date _____

Next of kin or emergency contact and telephone number:

Name _____ Relationship _____ Phone _____

OFFICE ONLY Staff Name _____ Date _____ Identification received? Yes No

Landlord _____ Phone _____ Rx Yes No HIPPA Release Yes No

Utility _____ Acct # _____ Utility _____ Acct # _____

Date & time of appt _____ Case Manager _____ 2011 Confidential

Please list your previous addresses:

Street Address, City, State and Zip Code	How long/List dates

Medical History

Current health care/insurance (please circle one): CHIP Medicaid Medicare Northstar Private None Other

Education History

Highest grade/level you completed: _____ Highest grade/level completed by spouse/roommate: _____

Church Information

Church Name _____ Church City _____

Church Phone _____ Pastor/Priest Name _____

Employment History

Please list your current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				

Please list your spouse's/roommate's current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				

Please make a list of all of your assets such as savings, money market accounts, and certificates of deposits, investments, retirement accounts, boats, recreation vehicles, real estate and automobiles.

Community Lifeline Center

Authorization and Release

I hereby authorize the release of information to Community Lifeline Center to receive the assistance I am requesting. I further certify that all information is true and correct and that all income is reported. I understand that this information is being given for the receipt of assistance/services. Community Lifeline Center may verify information on application; and that deliberate misrepresentation of the information will subject me to denial of assistance and services.

I give my permission for Community Lifeline Center to discuss my case with other agencies, government entities, businesses, churches, attorneys, organizations, societies, hospitals, medical personnel, individuals, and others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will be treated as confidential information by Community Lifeline Center.

I have read, understand and agree to information above as it relates to services provided by Community Lifeline Center and Release of Information.

Signature

Date

Print Name

Photo and Information Release

I consent to the use by Community Lifeline Center of McKinney of my name, likeness, photograph, voice, or other person identification in Community Lifeline Center programs and advertisements. I agree that Community Lifeline Center may alter or edit this material in its sole discretion. I understand that I am not entitled to any compensation for the use of this material.

In giving this consent I release Community Lifeline Center, its officers, directors, agents, and employees from any liability for any violation of any personal or property rights which I may have in connection with such materials, and waive any right to approve accompanying material.

Signature

Date

Print Name

Signature of parent or legal guardian, if under age 18:

Signature

Print name