

RECORDED

WESTERN OKLAHOMA FAMILY CARE CENTER APPLICATION FOR ASSISTANCE

DATE _____

HEAD OF HOUSEHOLD _____ DOB _____ VETERAN DISABLED

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ CELL HOME MESSAGE

EMPLOYER _____

ADDRESS _____ PHONE _____

LIVING CIRCUMSTANCES

| | | | | | | |
|---|--|---|--|--|---|------------------------------|
| <input type="checkbox"/> LIVING ON STREET | <input type="checkbox"/> LIVING IN VEHICLE | <input type="checkbox"/> LIVING WITH FRIENDS / FAMILY | <input type="checkbox"/> LIVING IN HOTEL | <input type="checkbox"/> LIVING IN A SHELTER | <input type="checkbox"/> RENT / PAYING MORTGAGE | <input type="checkbox"/> OWN |
|---|--|---|--|--|---|------------------------------|

OTHERS IN HOUSEHOLD

| NAME | DOB | RELATIONSHIP | VETERAN | DISABLED |
|------|-----|--------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

ASSISTANCE REQUEST

RENT UTILITIES CHRISTI'S FUEL OTHER

HOUSEHOLD INCOME

HOUSEHOLD EXPENSES

| | | | | | |
|----------------------|-----------|-----------------|----|-----------------------|-----------|
| Earned Income | \$ | Rent / Mortgage | \$ | Legal Fees | \$ |
| SS Income/Disability | \$ | Utilities | \$ | Food | \$ |
| SNAP | \$ | Vehicle Payment | \$ | Child Care | \$ |
| DHS Subsidy | \$ | Fuel | \$ | Household Needs | \$ |
| Unemployment | \$ | Insurance | \$ | Entertainment | \$ |
| TANF | \$ | Phone | \$ | Other | \$ |
| Child Support | \$ | Medical | \$ | Other | \$ |
| Other | \$ | Child Support | \$ | Other | \$ |
| TOTAL INCOME | \$ | | | TOTAL EXPENSES | \$ |

APPLICANT SIGNATURE _____

DATE _____

****THIS PAGE FOR OFFICE USE ONLY****

CASE MANAGER NOTES

CLIENT STRENGTHS:

CLIENT NEEDS:

HOUSEHOLD CRIMINAL SEARCH / DISCLOSURE

OSW

REGISTERED SEX OFFENDER

ASSISTANCE HISTORY (LAST 12 MONTHS)

| DATE | TYPE OF ASSISTANCE | AMOUNT |
|------|--------------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

ASSISTANCE PROVIDED TODAY

CASE MANAGER SIGNATURE

DATE