

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
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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 _____