

**APPLICATION FOR ASSISTANCE
SHORT FORM**

DATE OF APPLICATION _____

PRIMARY APPLICANT'S INFORMATION

Name: _____ Marital Status: _____

Address: _____

City _____ State _____ Postal Code _____

Email Address: _____

Telephone: Home _____ Cellular _____

Employer: _____ Telephone: _____

Employer Address: _____

City _____ State _____ Postal Code _____

SECONDARY INFORMATION (Spouse or Parent/Guardian if Primary Applicant is a Minor)

Name: _____ Marital Status: _____

Address: _____

City _____ State _____ Postal Code _____

Email Address: _____

Telephone: Home _____ Cellular _____

Employer: _____ Telephone: _____

Employer Address: _____

City _____ State _____ Postal Code _____

NUMBER OF DEPENDENT CHILDREN AND AGES: _____

ANNUAL HOUSEHOLD INCOME: _____

MONTHLY EXPENSES: _____

Why are you seeking assistance at this time? Attach a separate sheet if necessary.

Please describe a moment or quote that you find inspiring. Attach a separate sheet if necessary.

Please tell us anything additional you would like us to know about you, your life and your situation.

I, the applicant (or Parent), understand I may be interviewed by telephone, or in person, if additional information or clarification of this application is needed. I have answered all questions to the best of my ability.

Signature of Applicant

Signature of Parent or Guardian

Date _____

_____ **FOR INTERNAL USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE** _____

Date Application Received _____ Date of Review _____ Member _____

Disapproved ____ Approved ____ Date _____ Approved Amount _____

Reason if disapproved _____

Service approved _____

Date letter of approval or disapproval sent to applicant _____

Referred to _____ Date Provider notified _____

Date of service _____ Date invoice paid _____

Notes: _____
