

Hardee Help Center Assessment

Financial Crisis
 Food
 Homeless
 ILS

“A Christ-centered community service organization bringing hope and healing to Hardee County families in difficult seasons of life.”

Intake Date: _____

Intake Initials (Staff or Volunteer): _____

Applicant Name (FIRST, M, LAST): _____		Date of Birth: _____		Age _____
Social Security # _____				
Maiden Name, if applicable: _____				
Marital Status: Married Single Separated Divorced Widowed Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other			Education Level: _____	
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Living with Others	# of Household _____ ___ Adult ___ Children	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other How long have you lived in Hardee County? _____		Primary Phone (must provide a number to be reached at): _____
Current Physical Address: How long at this address? _____			Email (you will be added to receive monthly updates): _____	
Current Mailing Address (if different than your physical address): _____			Provide 1 Reference: Name: _____ Telephone: _____ Relation: _____	
Prior Two Residence Addresses (If at current address less than 3 years): _____ From: _____ To: _____ Property Owner: _____ Phone: _____ _____ From: _____ To: _____ Property Owner: _____ Phone: _____				
Have you left owing rent? Yes No _____				
Please list all All household Members, Name, Date of Birth and Relationship to Applicant.				
Name _____ D.O.B. _____ Relation : _____				
Name _____ D.O.B. _____ Relation : _____				
Name _____ D.O.B. _____ Relation : _____				
Name _____ D.O.B. _____ Relation : _____				
Name _____ D.O.B. _____ Relation : _____				
Name _____ D.O.B. _____ Relation : _____				
Are there other people living/staying in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain their stay and relation to you.				

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Employment: List all Adult Household Member Employment.

Employee Name:		Employee Name:	
Current/Previous Employer:		Current/Previous Employer:	
Telephone:		Telephone:	
Employment Start /end dates		Employment Start /end dates	
Hourly Wage/ Weekly Pay:		Hourly Wage/Weekly Pay:	
How has your earned income been disrupted?		How has your earned income been disrupted?	
Job Status: FT, PT, Temp, Seasonal? Hours per week? _____		Job Status: FT, PT, Temp, Seasonal? Hours per week? _____	

List all Household Members Monthly Income: Total Household Income: \$ _____

Please include all S.S, SSI, Child Support, Cash Assistance, Unemployment, Paycheck, Self Employment etc..

Type:	Amount:
Type:	Amount:
Type:	Amount:
Type:	Amount:
Type:	Amount:
Do you receive Food Stamps?	Date Received: Amount:

List all Household Members Monthly Expense: Total Expenses: \$ _____

Rent/Mortgage: \$	Childcare: \$
Utilities: \$	Credit Card: \$
Phone: \$	Loans: \$
Vehicle: \$	Food: \$
Insurance: \$	Household Items : \$ Personal Care: \$ Pet food:\$
Fuel: \$	Laundry: \$
Cable: \$	Other: \$
Internet: \$	Other: \$

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Which services are you applying for: Rent Mortgage Electric Water Deposit Prescription Food Pantry
 Hygiene Items Household Items Clothes Help with Applying for another Agency's Program Other

Which unexpected situation in the last 90 days has caused your current hardship?

Domestic Violence Fraud/Theft Loss of Benefits Loss of Earned Income Loss of Income due to COVID-19 Unexpected Expense Medical Expenses Transportation Breakdown/Repairs None Other _____

Briefly share about your current situation (What caused the situation you are in)?

Do you have proof to verify your hardship? Yes No

Have you been negatively impacted by COVID-19? Yes No I chose not to answer.

Move in Costs: Do any of the following apply? Yes No Do you have documentation? Yes No Forced eviction from the Landlord, due to no fault of your own? Transitioning from licensed shelter to permanent housing? Domestic Violence (must have a report)? Relocation due to fire or natural disaster? Mandatory job relocation? Building condemned by the Building and Zoning Dept, due to no fault of your own?

Utility Provider: _____ How many months are owed? _____ How much is owed? \$\$ _____

Landlord/Mortgage Holder: _____ Phone# _____ How much is owed? _____

NOTE: If you are seeking rental assistance, the Landlord phone # is required. Please verify with your Landlord that he/she is willing to provide HHC with a W9, if assistance is provided.

SUPPORT SYSTEM: Share who your support system (family, friends, church, and community) is made up of, and how are they providing support to you?

Who referred you to HHC? _____

Are you a member attending church? Yes No If yes, what is the name of the Church? _____

Your Support: _____ How are they providing support? _____

Your Support: _____ How are they providing support? _____

Please read

Yes, I understand an interview appointment does not automatically qualify me for services; I must disclose all expenses & income.

Yes, I understand if I am eligible for financial assistance I must allow for a home visit and take a required financial class.

Yes, I understand information is shared with the local churches, as the Hardee Help Center is a ministry of the Hardee County Ministerial Association. **That any willful misstatement of information will be grounds for disqualification AND I may no longer receive assistance through the Hardee Help Center in the future.**

Printed Name

Signature

Date

Office Use Only

Date Reviewed: _____ By: _____ Posted in CMD by: _____

Not Eligible for Assistance Appt. Eligible for Assistance Appt. | Potential Funding Source: _____

Services Provided with Assessment dated: _____

NOTE: Pastors are advised. CLEARINGHOUSE: Date Called/Form Sent: _____ Sent to: _____ Responded By: _____