

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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Which services are you applying for: __Rent __Mortgage __Electric __Water __Deposit __Prescription __Fuel __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

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? _____

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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: _____