

# 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): \_\_\_\_\_

<b>Applicant Name (FIRST, M, LAST):</b> _____		<b>Date of Birth:</b> _____ <b>Social Security #</b> _____		Age _____	
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	Education Level:  _____
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					
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?			
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)?

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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? \_\_\_\_\_

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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: \_\_\_\_\_