

Hardee Help Center

Cold Weather Assistance Application

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

Intake Assessment

Intake Date: _____ Intake Initials (Staff or Volunteer): _____

ALL Household Members: **If needed** use back of page to list all household members (including self)

Name	SS#	DOB	RELATION

Are there other people living/staying in your home? YES NO If yes, explain their stay and relation to you. _____

I'm requesting assistance with: Blankets Jackets Space Heater

Who referred you to HHC? _____			
Are you a <input type="checkbox"/> member <input type="checkbox"/> attending a church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the church? _____			
NOTE: Pastors are advised. CLEARINGHOUSE: Date Called/Form Sent: _____ Sent to: _____ Responded By: _____			
STATE: _____ Type of ID: _____ # of ID: _____ Exp. Date: _____			
Address on ID: _____			
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"/> 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		<input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Housing: __ Own __ Rent __ Shelter __ Homeless __ Other	# of Household __ Adult __ Children	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	Primary Phone (must provide a number to be reached at):
Current Physical Address: _____		How long at this address? _____	
Employer:		Email (you will be added to receive monthly updates):	
Total Expenses: _____		Total Income : _____ <input type="checkbox"/> NO INCOME	

____ Yes, I **understand**: That information is shared with the local churches, as the HHC 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 _____
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IMPORTANT NOTICE: In accordance with Hardee Help Center Policies, employees and volunteers are not authorized to refer families to any agency, organization, church or business for special services that are not available to the public without written approval from a Director. It is the employee's and volunteer's responsibility to understand what a special service may be and is encouraged to always ask if in doubt.

Office Use Only

Date Reviewed: _____	By: _____	Posted in CMD by: _____
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AUTHORIZATION FOR RELEASE OF INFORMATION

Release Form for Adults



I, being of legal age, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use my story and/or likeness, in whatever they desire. Furthermore, I consent that such story and/or likeness, shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.

Name (Print): _____

Signature: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Birthdate: ____ / ____ / ____

Release Form for Minors



I, being the parent/guardian of _____, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever they desire. Furthermore, I consent that such story and/or likeness, shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.

Name of Minor: _____ Birthdate: ____ / ____ / ____

Parent Name (please print): _____

Parent Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

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THE SALVATION ARMY
WAUCHULA SERVICE UNIT

GENERAL RELEASE OF INFORMATION

CLIENT NAME(S): _____

DATE OF BIRTH: _____

AUTHORIZATION:

By my signature, or mark, I authorize the Salvation Army Wauchula Service Unit to disclose, release and receive information to and from the following:

(list agency or agencies)

- (1) Information regarding my general condition, past or present
- (2) Information concerning services provided to or requested by me
- (3) Other

I may revoke this consent at any time, except to the extent that action has been taken in reliance thereon. This consent, unless expressly revoked earlier, will expire after one year from the date originally signed.

This information has been disclosed to you from records whose confidentiality is protected by Federal and/or State law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Signature (or mark)

Date

Salvation Army Representative

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize _____ to release without liability, information regarding my residency, employment, income, and/or assets to HARDEE HELP CENTER, for the purposes of verifying information provided as part of determining eligibility for assistance under the Hardee Help Center’s Basic Need Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or workers compensation, net income from the operation of a business, property exemption status, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> *Past/Present Employers Alimony/Child Support Providers *Banks, Financial or Retirement Institutions *Social Security Administration *State Unemployment Agency Veterans * Peace River Electric Coop | <ul style="list-style-type: none"> * Clerk of Courts * Manatee Community Action Agency *Utility Companies * United Way * Salvation Army *Schools * Hardee County Property Appraiser | <ul style="list-style-type: none"> *Churches *Nu-Hope Elder Care Services, Inc. *Landlord/Apt. Complex Managers * Social Service Agencies |
|--|--|---|

Individuals (family or friends) or organizations authorized to receive information from Hardee Help Center staff relating to the request for financial, food, or resource information assistance.

Name	Relationship
1)	
2)	
3)	

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect. This Authorization of Release of Information form is valid for upto 90 days from the date of signature.

Signature of Applicant	(Printed Name)	Date
Adult Household Member	(Printed Name)	Date
Adult Household Member	(Printed Name)	Date