

INTAKE DATE

Hardee Help Center Homeless Assistance Application

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

Office Use Only: Is there another program this person may qualify for:

Emergency Asst. (Schedule an appointment with Case Manager) Eligible for Monthly Pickup
 1st Date Reviewed: _____ Initials: _____ Additional Info Needed Withdrawn
 Not Eligible for Financial Appointment Eligible to Schedule Appointment Referred (See Notes) Scheduled Appt. on Intake Date
 2nd Date Reviewed: _____ Initials: _____ Additional Info Needed Withdrawn
 Not Eligible for Financial Appointment Eligible to Schedule Appointment Referred (See Notes)
 1st Call Attempt: _____ 2nd Call Attempt: _____

SCHEDULED APPOINTMENT:

Date Scheduled: _____ Appointment Date: _____ Time: _____ Scheduled by: _____ Type: _____
 Date Scheduled: _____ Appointment Date: _____ Time: _____ Scheduled by: _____ Type: _____

Are you or have you ever been related to a HHC Staff person? Yes No Who referred you to HHC? _____
 Are you a member of a church? Yes No If yes, what is the name of the church? _____
 Are you attending a church? Yes No If yes, what is the name of the church? _____

NOTE: Pastors are advised of your family's situation. All HCMA Pastors receive a list of assistances provided through HHC.

Date Called/Form Sent: _____ Sent to: _____ Outcome: _____

| | | | |
|---|-----|--------------------|----------------|
| Applicant #1 (FIRST, M, LAST – Maiden Name, if applicable): <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident | Age | Social Security #: | Date of Birth: |
|---|-----|--------------------|----------------|

Type of ID: _____ # of ID: _____ Exp. Date: _____

Address on ID: _____

CURRENT OR PREVIOUS EMPLOYER: _____

| | | | |
|---|--|--|-----------------|
| Marital Status: _____ 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 |
| <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Americana Indian <input type="checkbox"/> Other | | | |

Applicant #1: NO INCOME 1-9,999 10,000-29,999 30000-49999 >50000 Do you have health insurance?: Yes No

Emergency Contact: Name _____ Phone #: _____ Relation _____

| | | | |
|---|-----|--------------------|----------------|
| Applicant #2 (FIRST, M, LAST- Maiden Name, if applicable) <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident | Age | Social Security #: | Date of Birth: |
|---|-----|--------------------|----------------|

Relationship to Applicant #1: _____

Type of ID: _____ # of ID: _____ Exp. Date: _____

CURRENT OR PREVIOUS EMPLOYER: _____

| | | | |
|---|--|--|-----------------|
| Marital Status: _____ 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 |
| <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Americana Indian <input type="checkbox"/> Other | | | |

Applicant #2: NO INCOME 1-9,999 10,000-29,999 30000-49999 >50000 Do you have health insurance?: Yes No

Emergency Contact: Name _____ Phone #: _____ Relation _____

| | | |
|--|---|--|
| Housing: <input type="checkbox"/> Park/Bridge <input type="checkbox"/> Other <input type="checkbox"/> Vehicle <input type="checkbox"/> Street <input type="checkbox"/> Shelter <input type="checkbox"/> Living with Others | # of Household <input type="checkbox"/> Adult <input type="checkbox"/> Children | Primary Phone (must provide a number to be reached at): _____ Email (you will be added to receive monthly updates): _____ |
|--|---|--|

Current Mailing Address (if different than your physical address): _____

| | |
|---|---|
| Current Physical Address (where are you currently living/staying): _____ How long have you been at this physical address? _____ Who is the owner of this property? _____ | Posted: <input type="checkbox"/> Client Master |
|---|---|

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Is this the first time you have been homeless? YES NO If so how long have you been homeless this time? _____

How many times have you been homeless in the last 3 years? _____

Do you or a household member use illegal drugs? YES NO

Have you or a household member been arrested for drug related charges? YES NO

Have you or a household member received assistance from HHC? YES NO

Have you or a household member received assistance from another agency? YES NO If yes, which agency _____

Do you have income sufficient to pay your on-going expenses? YES NO

Do you need help with Medical Costs (Prescription/Doctor Visit)? YES NO

Is this a one-time emergency or an on-going need?

Is this for pain medication? YES NO

Do you need help with Fuel for a medical appointment? YES NO

Do you need help with Birth Certificate, or Photo Identification costs? YES NO

Do you need help with Lodging costs? YES NO

Do you need cold weather assistance? YES NO

Are you in need of Food Assistance? YES NO **If no, how is this need being met?** _____

Food Stamp \$ _____ Date Received? _____ Do you use the other local food pantries? YES NO

If a man or family, are you interested in learning about out of county shelters? YES NO

Shelters, Case Management Appt. (www.homelessshelterdirectory.org)

Are you a woman in need of Shelter? YES NO

Hannah's House Women & Children Shelter- Alpha & Omega

Are you able to work? Goodwill #941-915-0858 (phone#, brochure) YES NO

Career Source #863-773-3474 (phone#, flyer 5-51) Greenworks Landscaping- #863-832-2291

Briefly share about what situation has caused your current hardship.

Yes, I understand that an interview appointment does not automatically qualify me for services.

Yes, I understand that at the interview appointment I must disclose all expenses and income.

Yes, I understand that if I proceed with an interview appointment I must attend a financial class.

Yes, I understand that if I am eligible for financial assistance I must allow for a home visit.

Yes, I understand that my info is shared with local churches and local law enforcement agencies.

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.

Signature _____

Date _____

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.

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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, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s 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:

- Past/Present Employers Alimony/Child Support Providers
- Banks, Financial or Retirement Institutions
- Social Security Administration
- State Unemployment Agency Veteran’s Administration
- Peace River Electric Coop
- Clerk of Courts
- Manatee Community Action Agency
- Utility Companies
- United Way
- Salvation Army
- Schools
- Hardee County Property Appraiser
- Churches
- Nu-Hope Elder Care Services, Inc.
- Landlord/Apt. Complex Managers
- Social Service Agencies

Individuals 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 up to 90 days from the date of signature.

Signature of Applicant (Printed Name) Date

Signature of Co-Applicant (Printed Name) Date

Adult Household Member (Printed Name) Date

Adult Household Member (Printed Name) Date

Hardee Help Center Homeless Assistance Application

The information provided will assist HHC Staff with determining which services may be available to you.

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
