

Hardee Help Center Emergency Assessment

"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): _____

Is the application being picked up for someone else? Yes No

Who is picking up the application? _____

ALL Household Members	SS#	DOB	RELATION

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

Have you experienced a loss of income or unexpected expense in the last 90 days? Yes No

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

Who referred you to HHC? _____			
Are you <input type="checkbox"/> a member <input type="checkbox"/> attending 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: _____			
Applicant #1 (FIRST, M, LAST):			Age
Maiden Name, if applicable			
STATE: _____ Type of ID: _____ # of ID: _____ Exp. Date: _____			
Address on ID: _____			
Marital Status: Married Single Separated Divorced Widowed		<input type="checkbox"/> M	Ethnicity:
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> F	<input type="checkbox"/> Hispanic
<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"/> Non-Hispanic
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? _____	
Current Mailing Address (if different than your physical address):		Email (you will be added to receive monthly updates):	
Provide 1 Reference: Name: _____		Telephone: _____ Relation: _____	
Prior Two Residence Addresses (If at current address less than 3 years):			
1. _____ From: _____ To: _____ Property Owner: _____ Phone: _____			
2. _____ From: _____ To: _____ Property Owner: _____ Phone: _____			

<input type="checkbox"/> CMA <input type="checkbox"/> CMD <input type="checkbox"/> 2-1-1 <input type="checkbox"/> Referred to ILS

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Employment: Provide at least 3 years of work history for each adult in the household.

Applicant Name:	Applicant 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? _____
Previous Employer _____ Dates From: _____ To: _____	Previous Employer _____ Dates From: _____ To: _____
Previous Employer _____ Dates From: _____ To: _____	Previous Employer _____ Dates From: _____ To: _____

Household Monthly Income: Total \$ _____

Include all household member's income (social security, cash assistance, child support, earned, etc.).

Type _____ Amount \$ _____ | Type _____ Amount \$ _____ | Type _____ Amount \$ _____

Is there another form of income? If yes, list type and amount (Ex. Social Security Income - \$1,200)? _____

If not employed, please explain why: _____

If there is no income, do you expect to have verifiable income in the next 2 – 4 weeks? YES NO If yes, where will the income come from? _____

Do you receive food stamps? YES NO Food Stamp \$ _____ Date Received? _____

My Food Stamps were interrupted, Why? _____

I don't receive Food Stamps. Last date you applied for Food Stamps? _____

Do you use the other local food pantries? YES NO

Household Monthly Expenses: Total \$ _____

Rent/Mortgage \$ _____ | Utilities \$ _____ | Vehicle \$ _____ | Food \$ _____ | Insurance \$ _____ | Fuel \$ _____

Phone \$ _____ | Cable \$ _____ | Internet \$ _____ Household/Personal \$ _____ | Childcare \$ _____ | House Tax \$ _____

Credit Cards \$ _____ | Loans \$ _____ | Pet food \$ _____ | Other _____ \$ _____ | Other _____ \$ _____

1. Do you have household income sufficient to pay your ongoing housing expenses? YES NO
2. Do you own any assets? (car, property, homes, RV, life insurance policies, 401K, etc.) YES NO
3. Asset Description and Value: _____
4. Do you have savings/checking accounts or debit cards? YES NO What bank? _____
5. The last year you filed an Income Tax Return? _____ Was there a refund? _____ If yes, how much? _____
6. Have you completed a financial Class in the last 12 months? YES NO if yes, with what organization? _____
7. Do you have a monthly budget? YES NO
8. Do you have access to a computer? YES NO Do you have internet access? YES NO
9. If applicable, have you filed for reemployment assistance (unemployment benefits)? YES NO N/A
10. Did you receive stimulus checks in 2020? YES NO

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Which unexpected situation 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

Utility Provider: _____ Account #: _____ How many months are owed? _____

How much is owed? \$ _____ How much is needed? \$ _____

Due Date: _____ Have you requested an extension with your service provider? YES NO

Have you received assistance through the LIHEAP? Yes Date _____ No

Landlord/Mortgage Holder: _____ Phone# _____ Mortgage Account #: _____

How many months are owed? _____ How much is the monthly rent? \$ _____ How much is needed? \$ _____

Due Date: _____ Do you need help with mediation with the landlord? YES NO Is your home under foreclosure? YES NO

Have you requested an extension with your services provider?

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.

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?

SUPPORT SYSTEM:

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

Your Support: _____ How are they providing support? _____

Your Support: _____ How are they providing support? _____

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 _____

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

Have you or a household member received assistance from another agency such as HHC, LIHEAP, Alpha & Omega? Yes No

Have you or a household member left owing past rent or utilities anywhere? Yes No

Date Reviewed: _____	By: _____	Posted in CMD by: _____				
<input type="checkbox"/> Not Eligible for Assistance Appt. <input type="checkbox"/> Eligible for Assistance Appt. Potential Funding Source: _____						
Services Provided with Assessment dated: _____						
Service _____	Approved Date _____	Funding Source _____	Service Provider _____	Ck# _____	Ck Date _____	Initials _____
Service _____	Approved Date _____	Funding Source _____	Service Provider _____	Ck# _____	Ck Date _____	Initials _____
Service _____	Approved Date _____	Funding Source _____	Service Provider _____	Ck# _____	Ck Date _____	Initials _____
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