

**NEEDS/EXPENSE ASSESSMENT**

DATE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 APPLICANT SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 SEX: M or F      MARITAL STATUS: Married; Single; Div; Wid.      RACE: White, Black; Hispanic, Asian; Other \_\_\_\_\_  
 LAST/CURRENT EMPLOYER: \_\_\_\_\_ CAR MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 FAMILY SIZE: #Male Adults \_\_\_\_\_ #Female Adults \_\_\_\_\_ #Children \_\_\_\_\_ Guardian \_\_\_\_\_ #Foster \_\_\_\_\_ TOTAL \_\_\_\_\_

**HOUSEHOLD MEMBERS: (Please list all household member below. Indicate "none" if applicable)**

<u>NAME</u>	<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>RELATION</u>	<u>SOCIAL SECURITY:</u>
					XXX-XX-
					XXX-XX-
					XXX-XX-
					XXX-XX-
					XXX-XX-

**Briefly describe the crisis that cause you to apply for emergency assistance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTHLY HOUSEHOLD INCOME	DOLLARS	MONTHLY EXPENSE	DOLLARS
SOCIAL SECURITY		RENT	
CHILD SUPPORT		UTILITIES	
SSI/SSDI		MEDICAL BILLS	
FOOD STAMPS		INSURANCE	
OTHER			
<b>TOTALS</b>		<b>TOTALS</b>	

Are you willing to do volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No

**RELEASE OF INFORMATION: I HEREBY AUTHORIZE "THE CHURCH" PARISH NURSE MINISTRIES, INC. TO REQUEST AND RELEASE ANY AND ALL INFORMATION NECESSARY TO FACILITATE AND PROVIDE SERVICES. I UNDERSTAND THAT KNOWINGLY GIVING FALSE AND/OR INCOMPLETE INFORMATION COULD RESULT IN ME AND ALL MEMBERS OF MY HOUSEHOLD BEING DISQUALIFIED FOR SERVICES PROVIDED BY "THE CHURCH" PARISH NURSE MINISTRIES, INC., AND WILL BE DEALT WITH ACCORDINGLY.**

**I CERTIFY THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I CAN ONLY REGISTER FAMILY MEMBERS LIVING IN MY HOUSE ON A FULL-TIME BASIS AND DOES NOT INCLUDE VISITORS.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ REVIEWER SIGNATURE \_\_\_\_\_

ASSISTANCE GIVEN  
 FINANCIAL: TYPE \_\_\_\_\_ AMOUNT\$ \_\_\_\_\_ DATE \_\_\_\_\_ CK# \_\_\_\_\_ Referred /Not Referred