

HUNT COUNTY SHARED MINISTRIES CLIENT INFORMATION 2017

Date: _____

NAME: _____ DRIVER'S LICENSE _____

SPOUSE/PARTNER: _____ DRIVER'S LICENSE _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL 1: _____ CELL 2: _____

I WAS REFERRED TO HCSM BY: NAME/ORGANIZATION: _____

INDIVIDUALS INCLUDED IN HOUSEHOLD, INCLUDING SELF:**OFFICE USE ONLY!**

	NAMES	RELATIONSHIPS	BIRTHDAY	INCOME SOURCE	CHARITY CK ID NUMBER
1		Self			
2					
3					
4					
5					
6					
7					
8					
9					
10					

No. of Senior Adults 60+		No. of Adults 18-59		No. of Children 0-17	
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IS ANYONE IN HOUSEHOLD DEALING WITH SERIOUS ILLNESS?

NAME: _____ ILLNESS: _____

NAME OF CLOSEST RELATIVE/FRIEND: _____

RELATIONSHIP: _____ PHONE: _____ ADDRESS: _____

PLEASE READ THE FOLLOWING INFORMATION:

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usdagov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Hunt County Shared Ministries 2017 Requirements for Seeking Assistance

Please Read This First Before Completing the Application:

HCSM is a county-wide shared effort of churches, civic groups, individuals, business, foundations, and the United Way to help meet the short-term, emergency needs of Hunt County residents. Assistance provided is based on individual need and should not be considered an entitlement. HCSM will occasionally share information with other agencies and organizations in order to better provide assistance to applicants. HCSM does not discriminate based on immigration or citizenship status.

Applicants *must* provide the following:

1. **Picture ID for each person residing in the household**
2. **Proof of Hunt County residency**
3. **Proof of Income for the past 30 days**
Income includes: Wages, Pension, Social Security or SSI benefits, SNAP award or denial letter, TANF award letter, Verification of child support, Verification of Unemployment benefits, Housing assistance, etc.
4. **Proof of Expenses for the past 30 days**
Expenses include: Rent/Mortgage, Utilities, Food, Medical or Prescription expenses, insurance payments, car payments, etc.
5. **Detailed Utility Bill in applicant's name if assistance is being sought for utilities**

Requests for assistance are considered individually and are based on need and funding available. HCSM will consider requests for assistance with:

- ✓ **Food**
- ✓ **Utilities** (Utility assistance is considered once during a twelve month period)
- ✓ **Medical, Dental or Prescription assistance**
- ✓ **Education/Training Opportunities**
- ✓ **Licenses/IDs**
- ✓ **Other requests as Needed**

In view of our basic core values, increasing demands, and limited funds, HCSM can reduce or deny assistance for any of the following reasons:

- Previously assisted clients
- Clients showing little evidence of personal responsibility
- Any client who gives false or misleading information
- Clients who refuse to fulfill any specified requirements

PLEASE READ THE FOLLOWING INFO AND SIGN:

I HAVE READ THE ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ADEQUATE AND ACCURATE DOCUMENTATION OF NEED. I FURTHER UNDERSTAND THAT IF I FAIL TO PROVIDE ANY REQUIRED DOCUMENTATION WHEN ASKED TO DO SO, AND I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN MAY CAUSE ME TO BE DENIED ASSISTANCE.

THE INFORMATION PROVIDED TO HUNT COUNTY SHARED MINISTRIES IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GIVE PERMISSION FOR ASSISTING AGENCIES TO EXCHANGE INFORMATION REGARDING MY FINANCIAL, MEDICAL, FAMILY, & PERSONAL CIRCUMSTANCES WITH HUNT COUNTY SHARED MINISTRIES.

Signed: _____ Date: _____