

REQUEST FOR ASSISTANCE

Serving Carrollton, Farmers Branch, Addison, Coppell,
and ZIP Code 75287 in Denton County.

Metrocrest Social Services provides short-term emergency assistance to improve life situations of residents. The accuracy of information you provide will determine if and how promptly we can assist your family.

Date _____ Referred by _____ Client Case #: _____

CLIENT INFORMATION Have you been here before? Yes No If yes, when? _____

Last Name _____ First Name _____

Street _____ Apt.# _____ Apt. Name _____ Lease Mortgage

City/State _____ Zip _____ County _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Social Security # _____ Spouse's Social Security # _____

Drivers' License or ID# _____ State _____ E-mail _____

Marital Status: Single Married Separated Divorced Widowed

Starting with your name, please list all persons living in the household whether related or not:

Name	Sex	Age	Birthdate	Are you Hispanic/Latino	Race See Below	Name of School & Grade Completed	Relation to Client
Self				Yes No			Self
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				Yes No			

For RACE please use the following codes: W = White, B = Black/African American, BW = Black/African American and White, A = Asian, AW = Asian and White, NH = Native Hawaiian/Other Pacific Islander, AI = American Indian/Alaskan Native, AIW = American Indian / Alaskan Native and White, AIB = American Indian/Alaskan Native and Black/African American, O = Other Multi-Racial

Briefly state what assistance you need: _____

Explain why you need assistance at this time or what crisis led you to to come here: _____

Are you at risk of being homeless? Yes No Are you homeless now? Yes No

EMPLOYMENT HISTORY

Client Current or Previous Employer _____ Spouse Current or Previous Employer _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Phone number _____ Phone number _____

Job Title _____ Job Title _____

Date employment began _____ Ends? _____ Date employment began _____ Ends? _____

Cause of termination: laid off involuntary termination (fired) voluntary termination

Are you eligible to work in the United States? Yes No

Transportation: Car Bus Family / Friend Other

Do you speak English? Yes No Other language(s) spoken _____

Education Level: High School/GED Yes No Technical college Yes No College/University Yes No

Job experience (mark all that apply): warehouse customer service caregiver administrative assistant/receptionist delivery/driver other _____

Do you have computer skills? Yes No; if yes, which programs? _____

If not, would you be interested in further training? Yes No

Do you have a resume? Yes No

Do you have any physical restrictions? Yes No; if yes, explain: _____

Have you ever been convicted of any offense, felony, or misdemeanor? Yes No; if yes, please explain _____

Are you currently on any medication? Yes No; if yes, for what? _____

MONTHLY BUDGET INCOME/EXPENSES

MONTHLY INCOME/BENEFITS

Hourly Wage: \$ _____
 Hours Worked per week: _____
 Are you paid: Weekly _____ Bi-Weekly _____ Monthly _____
 Gross Pay (before taxes): \$ _____
 Net Pay (after taxes): \$ _____
 Does your spouse work (if applicable) ___ Yes ___ No
 Hourly Wage: \$ _____
 Hours Worked per week: _____
 Are you paid: Weekly _____ Bi-Weekly _____ Monthly _____
 Gross Pay (before taxes): \$ _____
 Net Pay (after taxes): \$ _____
 Any additional income? (i.e. part time job) ___ Yes ___ No
 Hourly Wage: \$ _____
 Hours Worked per week: _____
 Are you paid: Weekly _____ Bi-Weekly _____ Monthly _____
 Gross Pay (before taxes): \$ _____
 Net Pay (after taxes): \$ _____

Other Sources of Income

Unemployment Benefits: \$ _____ Bi-Weekly Amount
 Workman's Comp: \$ _____ How often received? _____
 Child Support: \$ _____ How often received? _____
 Cash Assistance/TANF: \$ _____
 Food Stamps: \$ _____
 Social Security Disability Benefits:
 Who receives this benefit? Amount Received

 Have you filed your taxes this year? ___ Yes ___ No
 How much did you receive ? _____

TOTAL INCOME: \$ _____

MONTHLY EXPENSES

Rent/Mortgage \$ _____
 Electricity \$ _____
 Water \$ _____
 Gas (heat) \$ _____
 Water (if not included in monthly rent): \$ _____
 Phone Bill: \$ _____ (home) \$ _____ (cell)
 Car Payment \$ _____
 Year/Make of vehicle _____
 Auto Insurance \$ _____
 Gasoline \$ _____
 Credit card payments \$ _____
 Child Support payments \$ _____
 Prescriptions \$ _____
 Child Care \$ _____
 (do not include amt. paid by CCMS)
 Food \$ _____
 (in excess of food stamps, if receiving)

Miscellaneous Expenses

Cable/Internet \$ _____
 (if not included with home phone)
 Repayment of Loans
 (please include student, payday, car title)
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Name _____ \$ _____
 Health insurance \$ _____
 (if paying out of pocket)
 Tithes \$ _____
 Other (please explain) _____
 Expense _____ \$ _____
 Expense _____ \$ _____
 Expense _____ \$ _____

TOTAL EXPENSES \$ _____

Have you been assisted by another agency? Yes No If yes, which agency? _____
 When? _____

Metrocrest Social Services operates in accordance with the US Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

Metrocrest Social Services has my permission to exchange information regarding my circumstances with other Human Service Agencies. I understand that information on this form may be verified.

I understand that inappropriate behavior may result in loss of services.

SIGNATURE _____ DATE _____