

REQUEST FOR ASSISTANCE



A United Way Community Partner 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	Name of School & Grade Completed	Relation to Client
Self				Yes No	See Below		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? _____

