



SERVING 31 COUNTIES OF NORTHERN KANSAS

Emergency Assistance Program Application

Additional Household Member Information:

- 1. _____ Age: _____ relationship: _____
- 2. _____ Age: _____ relationship: _____
- 3. _____ Age: _____ relationship: _____
- 4. _____ Age: _____ relationship: _____
- 5. _____ Age: _____ relationship: _____

Is anyone in the household pregnant? Yes or NO If yes who: _____

Monthly Expenses:

Rent/Mortgage: _____ Electric: _____ Gas: _____ Water: _____

Telephone: _____ Cable or Dish: _____ Child Care: _____

Medical: _____ Transportation: _____ Car payments: _____

Car insurance: _____ Credit Card Payments : _____ Food: _____

Pay Day loan total amount owed: _____ Other (please Specify): _____

Household Income: Please include all earnings, unemployment compensation, social security, public assistance, Veterans payments, survivor benefits, disability benefits, pension or retirement income, child support or any other income.

Name of Employer: _____ Gross monthly income: \$ _____

Any other income: _____ Amount of other income: \$ _____

Any other income: _____ Amount of other income: \$ _____

Total Monthly Income: \$ _____

Non-Cash Assistance (check all that apply):

___ Medicaid ___ Medicare ___ KanCare ___ WIC ___ TANF child care ___ Food Stamps ___ Rent asst. –Sec. 8, Public Housing



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I certify the foregoing statements are true and correct to the best of my knowledge. I understand that the information may be released to other agencies as needed, in determining eligibility and /or providing services. Catholic Charities of Northern Kansas may enter my personal information into a data base system that operates locally inside a secure and confidential network.

I hereby authorize and release of the above information for the purpose of evaluating my request for assistance and for further follow up research. I understand that by filling out and signing this application may not guarantee assistance.

Applicant Signature

Date

Interviewer Signature

Date

Office Use Only

Took Information: (Initials) _____

_____ **Time**

___ **Picture ID Copy**

___ **Proof of Income (130% poverty level)**

___ **Social Security Card (if available)**

___ **Shut Off or Disconnect Notice**

___ **Eviction Notice**

___ **Current Prescription (if applicable)**

Case Notes:

