



Emergency Assistance Program Application

OFFICE: _____

Date: _____

Have you used Catholic Charities before? YES / NO

If YES, list past service(s) received: _____ When: _____

First Name: _____ Middle: _____ Last: _____

Gender: Female / Male Date of Birth: _____ Marital Status: _____

Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific
Biracial/Multiracial White Unknown Other: _____

Address: _____ Check Here if None:

City: _____ State: _____ Zip: _____ COUNTY: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____ May We Leave Messages: YES / NO

Do you need an interpreter? YES / NO Primary Language Spoken: _____

TOTAL Living in Household # _____ TOTAL Monthly Household Income \$ _____

Spouse's Name: _____ Date of Birth: _____ Spouse's Gender: F / M

Spouse's Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific
Biracial/Multiracial White Unknown Other: _____

LIST ALL OTHER INDIVIDUALS LIVING IN SAME HOUSEHOLD AS CLIENT

First Name	Last Name	Date of Birth	Gender	Ethnicity/Race	Relationship to Client
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____

Do you currently receive any public assistance? YES / NO

Please circle all assistance you receive: Unemployment / Disability / Social Security / Child Support / Cash Assistance

Are you a Veteran of the Armed Forces? YES / NO



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Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip code: _____

Telephone number: _____ Cell number: _____

Have you been helped through Catholic Charities within the past 12 months? **YES or NO**

If yes, what type of help did you receive: _____

Circle if they apply to your case:

Catastrophic illness in Household Circle – Yes or No If so please list: _____

Any Disabilities in Household: Circle - Yes or No If so please list: _____

**** PLEASE NOTE THAT WE CAN ONLY HELP WITH UP TO THE LAST \$150.00 ON RENT AND UP TO THE LAST \$100.00 ON UTILITY PAYMENTS DEPENDING ON FUNDING.****

PLEASE STATE YOUR REQUEST: Explain why you need the help –be very specific



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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:
