

Date: \_\_\_\_\_

Arrived by: Car  Bus  Walked

### Ladies of Charity Emergency Assistance Program

**NEW client:** Must have Social Security card, picture ID and Social Security card for each household member

**RETURNING client:** Must have a picture ID, last 5 digits of your SS#, your Date of Birth; SS# and DOB for each person for whom you are seeking assistance

XXX-XX-XXXX

APPLICANT: \_\_\_\_\_ DOB: \_\_\_\_\_ LAST 5 SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ Employed  Seeking Employment  Disabled

Married  Single  Single with Child(ren)  WIC  Food Stamps  Veteran

Race: Black (B) White (W) Hispanic (H) Native American (NA) Other (O)

Status: Spouse (S) OtherAdult Living in Home (OA) Child in Home (C)

DOB M/D/YYYY	Name	Last 5 SS#	Age	Male or Female	Race	Status

What assistance do you need today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I understand that the information given will be held in confidence. I authorize the Ladies of Charity to share this information with other agencies, if necessary, to coordinate assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_