

**Financial Assistance Intake Form-revised 02/24/2021**

Inquiry Date: \_\_\_\_\_ What type of assistance are you seeking today? \_\_\_\_\_

What is your current crisis? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Marital Status  Married

Single

Divorced

Widowed

Legally Separated

Common Law Marriage

Race  White

Black

Asian

Other \_\_\_\_\_

Ethnicity  Hispanic/Latino Pakistan

Other \_\_\_\_\_

Sex  Male

Female

\_\_\_\_\_

Please explain your situation and the reason why you are unable to pay this bill this month. \_\_\_\_\_

\_\_\_\_\_

**NOTES :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2021 Poverty Guidelines

Is the annual income at or below the 200% federal poverty guidelines? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the monthly income at or below the 200% federal poverty guidelines? Yes \_\_\_\_\_ No \_\_\_\_\_

Which poverty level% does the income fall into? \_\_\_\_\_

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**Other Income**

Income Source	Client	Significant other/ Spouse/ Partner/Other income sources in the Household
*Gross Wages / Net Wages		
Child Support/Alimony		
Disability		
Social Security		
Retirement		
Unemployment		
Food Stamps		
VA Benefits		
Self-Employment		
Contributions		
**Household Members		
<b>Combined Total</b>		

**Monthly Household Expense Information:**

Expense	Amount	Comment
Home Mortgage/Rent		
Lot Rent		
Car Payment		
Insurance Home/Car/Medical		
Household Items		
Child Care/Child Support		
Gas/Transportation		
Phone (Land Line and Cell Phone)		
Electricity		
Water/Sewage/Trash		
Internet		
Utilities-Piedmont Gas, Duke Energy, etc.		
Car expenses: insurance, maintenance, registration, taxes		
Clothing		
Medical Expenses (Doctor, insurance, meds)		
Charitable Contributions/Church		
Personal (Hair, nails, etc.)		
Entertainment		
Child Care/other child expenses		
Savings		
Credit Card		
Life Insurance		
Food, Groceries		
<b>Total Monthly expenses</b>		

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Excess/Deficit (Net income minus total expenses) \$ \_\_\_\_\_

What are your goals? \_\_\_\_\_

Referrals made to: \_\_\_\_\_

Outcome of previous goals? \_\_\_\_\_

**Documentation Provided**

- |  |  |
|--|--|
| <input type="checkbox"/> ID                | <input type="checkbox"/> Bank Statements (last 30 days)        |
| <input type="checkbox"/> Lease (copy)      | <input type="checkbox"/> Proof of income for HH (last 30 days) |
| <input type="checkbox"/> Mortgage          | <input type="checkbox"/> All HH Expenses (copies)              |
| <input type="checkbox"/> Past Due Bill (s) | <input type="checkbox"/> Employer Letter (in case of COVID)    |
| <input type="checkbox"/> Eviction Notice   | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Disconnect Notice |  |

**Payment of Pledge**

I understand that GHCCM making a pledge does not mean immediate payment. It takes seven (7) to ten (10) days to receive the check.

Client's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only**

Referrals :

Intake Worker: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

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**Authorization to Release and Retrieve Information**

- As a GHCCM client I authorize release of information (including, but not limited to name and financial information) as well as providing necessary information for audit purposes.
- To release needed information by phone/electronic media/written document to other providers or agencies in an effort to network and provide services on my behalf.
- I understand that any and all records will not be copied and released or retrieved without my expressed permission.
- I understand that I have the right to refuse release of such information upon request, but in doing so I understand that this may also limit the resources/ services available to me.
- I grant permission for Department of Social Services and/or any other external agency, office or service provider to release income and household information to GHCCM for the purpose of obtaining Services.
- I attest that all statements recorded on this document are true and correct to the best of my knowledge.

Client's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_