

## Assistance Request Intake Form Date: \_\_\_\_\_

Name:		Date of Birth:	Last 4 digits of SS#:		
Address:	How long have you lived at this address?				
Phone #:	Cell/Other #:	Email addres	s:		
Others living at this add	ress: Adults Chil	dren How old are th	e children?		
Other Adult(s) Name:		Birthdate(s):	Last 4 digits of SS#(s)	:	
Monthly Household Sour	ces of Income: Type of	f income(s):	Amount(s) per month	:	
Monthly Household exp	ense amounts: Rent/N	Nortgage/Section/Subsidize	d: Electric:	Gas:	
Water:	Phone:	TV/Internet:	Other:		
Request Amount:	Type of Nee	ed:			
Please briefly tell us more	e about your situation &	& what kind of assistance yc	ou need at this time:		
For rent/mortgage need:	Landlord Name:	A	Address:		
Landlord phone#:	Landlorc	l email:		_	
For utility need: Utility company name: Utility Acct #:					
Have you tried to get assi	stance anywhere else?	Yes No			
If yes, where & w	hen?				
If yes, what type	of assistance did you re	eceive?			
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What do you see as the long term solution to your situation? What can you do to help resolve it?



## **Release of Information**

I understand that in order to receive assistance, my information may be shared with the Pastor, deacons and other church staff as well as Access of West Michigan and other agencies that may partner in assisting.

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Church Name, contact person for case, contact person email & phone number?

Please email intake form to Access Caseworker: <a href="mailto:caseworker@accessofwestmichigan.org">caseworker@accessofwestmichigan.org</a> Access Phone: 774-2175