

**Farmington Community Services  
General Assistance Application 2016**

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

**Client Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 How long: years: \_\_\_\_\_ months: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Work#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_ (last 4 digits)  
 Language: \_\_\_\_\_ ESL classes? \_\_\_\_\_  
 Are you a US Citizen? Y N  
 If no, INS Status? \_\_\_\_\_  
 Do you have a high school diploma or GED? Y N  
 If no, the highest grade completed? 9 10 11 12 12+

Gender  Male If applicable  Wheelchair  
 (✓one)  Female (✓one)  Disabled

**Emergency Contact Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Race  White Marital Status  Single  
 (✓one)  Black (✓one)  Married  
 American Indian  Divorced  
 Asian  Widowed  
 Other \_\_\_\_\_  Separated

**Household Composition (If Applicable) List the persons that reside in your household.**

Name	Relationship	DOB	Age	Gender
1				
2				
3				
4				
5				

*Check all assistance categories you require at this time:*

- |  |  |
|--|--|
| <input type="checkbox"/> Food Pantry     | <input type="checkbox"/> Rental                |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Utility               |
| <input type="checkbox"/> Medical         | <input type="checkbox"/> Water Assistance      |
| <input type="checkbox"/> Mortgage        | <input type="checkbox"/> Other (explain) _____ |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Intake by: _____	Date: _____	_____ <i>FCS Staff Signature</i>
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Financial Information

Current Income Source (check all that apply)

1. Name \_\_\_\_\_

		Weekly	Monthly
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSDI	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interest Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SAGA	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Annuity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Name \_\_\_\_\_

<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSDI	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interest Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SAGA	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Annuity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Current Household Bills

	Weekly	Monthly	
Housing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Heating <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Electric <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Gas <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Phone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Cable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Credit Cards <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life Insurance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Medical Insurance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Medical Bills <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Car Payment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Car Insurance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Transportation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Childcare <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Housing	<input type="checkbox"/> Rent
(check one)	<input type="checkbox"/> Own home
	<input type="checkbox"/> Live with relatives
Heating	<input type="checkbox"/> Gas
(check one)	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil
	<input type="checkbox"/> Propane

Food Stamps	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WIC		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free or Reduced Lunch		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Assistance		<input type="checkbox"/> Yes	<input type="checkbox"/> No

State Assistance Information

Name of worker: \_\_\_\_\_

Worker's phone #: \_\_\_\_\_

Client ID #: \_\_\_\_\_

By signing this application, I understand that I give Farmington Community Services permission to investigate all aspects of my application and that this application may be rejected at the discretion of Farmington Community Services. I certify that the above information is true and correct. If given assistance, I agree to pay back the Town of Farmington when able.

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Date*

Farmington Community Services  
Client Assistance Application

**Food Pantry Assistance Hold Harmless Agreement Waiver**

Please understand that Farmington Community Services is a non-profit referral service, which is simply acting as intermediary between sponsoring families and donors and families seeking assistance. As a result, we disclaim all liability, which may result from the consumption of food or use of any donated item provided as a result of this application. The disclaimer includes, but is not limited to, any sickness, injury or death that may result from the receipt of goods or food consumption of contaminated food, spoiled food, or tainted food, or other injury or death caused by the acts of the sponsor.

I have read the above Hold Harmless Agreement in its entirety and fully understand the same. I hereby agree to hold Farmington Community Services, its Officers, Directors and Volunteers harmless from injury, illness or death that may result from the receipt, use and or consumption of the goods and food provided to me as a result of this application, in addition to any injury or death resulting from any acts of the sponsor.

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Date*

**Farmington Community Services Re-payment of Financial Assistance Agreement (to be completed upon interview)**

I, \_\_\_\_\_ agree to the following payment arrangements for re-payment of Financial Assistance from Farmington Community Services.

Total Amount: \$ \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

# of Payments: \_\_\_\_\_

Terms: \_\_\_\_\_

\_\_\_\_\_  
*FCS Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Date*

**For office use only**

*Food Pantry Approved*

*Date*

*Source of funding*

Yes

No

\_\_\_\_\_

Food Pantry Waiver Signed

Town Relief Fund

*Financial Assistance Approved*

*Date*

Fuel Bank

Yes

No

\_\_\_\_\_

Re-payment Waiver Signed

*Payment made to:* \_\_\_\_\_

*Amount:* \_\_\_\_\_

\_\_\_\_\_  
*FCS Staff Signature*

*Financial Assistance Approved*

*Date*

*Source of funding*

Yes

No

\_\_\_\_\_

Re-payment Waiver Signed

Town Relief Fund

Fuel Bank

*Payment made to:* \_\_\_\_\_

*Amount:* \_\_\_\_\_

\_\_\_\_\_  
*FCS Staff Signature*

(Community Services notes on back ...)

