

Today's Date:

How did you hear about us?
How can we help you today?

You will need to fax, email, or drop off the following...

- *Proof of income for the entire household for the previous month.
- *Verification of Benefits from DCBS if you receive food stamps.
- *Picture I.D. for all adult household members.
- *Past Due Bill (If applicable)
- *If you are requesting assistance with electric or natural gas, you will need a referral from Bluegrass Community Action 236-2955

Name:

SSN

DOB

Street Address

Mailing Address

Spouse/Partner Name:

Spouse/Partner SSN

Spouse/Partner DOB

How many children UNDER 18

How many seniors 55 Years and older

Marital Status

Household Composition

Housing Status

Amount paid for Housing
\$

Other resources that you use now or you would like to know more about. Select all that apply using ctrl +click

Explain WHY you need assistance (why do you not have the money to pay)? Have you attempted to make arrangements with the vendor you owe? If you are recently unemployed, have you applied for unemployment?

Did you and/or your someone in your household qualify for a stimulus payment? If yes, list household member name, and the dollar amount received. If no one qualifies, explain why

Relation to Head of Household
 H= Head of HH
 S=Spouse
 C=Child
 SO=Boy/Girlfriend
 P=Parent
 R=Relative
 O=Other (Please Explain)

Ethnicity/Race
 W=White
 B=Black
 H=Hispanic
 A=Asian
 BR=Biracial
 O=Other

Education
 A= 0-8 Grade
 B= 9-12 Grade
 C= HS Grad or GED
 D= Some Post Secondary
 E= Coll. Degree or Trade Certificate

Medical Coverage
 MC = Medicare
 MA = Medicaid
 MC/MA = Medicare and Medicaid
 P = Private/ Self or Employer Paid
 T= Tricare/ Military
 N=None or No coverage

First Name	Last Name	Soc.Sec.#	Birth Date	Relation	Gender	Race	Education	Medical
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For additional Household members, please let us know by adding them to the supporting documents that you are faxing, emailing, or dropping off

Your utility today...

Your housing status today...

Your food today...

Your ability to cool you home today...

Your hygiene items today...

Your medication or medical equipment supply today...

I understand that Family Services does not provide assistance on a regular or frequent basis. I may apply for assistance a maximum of once in a four to five month interval if/when I have a genuine temporary financial emergency and Family Services has not set a different time frame for me due to chronic use of services. I agree to furnish FSA with full and accurate information regarding my financial situation and to provide supporting documents of my income, expenses, and identity as requested. I understand that failure to provide such accurate information may lead to the denial of current or future requests for assistance. I certify that the information I have provided is true and correct. I consent to the release of pertinent information contained in this application for use in verifying the accuracy of the information I have shared, to concerned social service agencies, and to vendors as necessary to complete services to my household or to provide statistics on emergency assistance, or as a guard against chronic duplication of assistance. I understand it is my responsibility to pursue all appropriate options to increase my financial stability, including but not limited to education, employment, state/federal subsidies, and financial management courses. IF I DO NOT FOLLOW THROUGH ON GOALS SET WITH FAMILY SERVICES TO HELP ME OBTAIN FINANCIAL STABILITY, I UNDERSTAND FUTURE ASSISTANCE CAND AND WILL BE DENIED.

Check if you agree to this entire statement.