

HELPLINE CHRISTIAN OUTREACH MINISTRIES, INC.

Confidential Information Sheet

REQUIREMENTS: Driver's License, S.S. Card, Lease, Income Verifications, and Food Stamp Document.

Date _____ Social Security Number _____

Driver's License Number _____

Name _____ Phone _____

Address _____ Date of Birth _____ Age: _____

Single _____ Separated _____
(City) (State) (Zip Code) Married _____ Divorced _____
Widow(er) _____ Live-In _____

Source of your income/Employment/ Disability: _____
Amount: _____ Welfare: _____ Utility Check _____ Unemployment _____ Other _____

Spouse or Live-in name _____ Social Security Number _____

Date of Birth _____ Age _____ Does this person receive Food Stamps Yes__ No__

Spouses' Source of Income/Employment/Disability: _____

Amount: _____ Utility Check _____ Other _____ Driver's License Number _____

Food Stamps: Yes__ No__ Date of Month Receive _____ Amount _____

Children In Home: _____ Ages: () () () () () () () ()

Children's Names _____

Name & relation of other people in your home and their income _____

Total number in your house: _____

NEEDS:

Food _____; Clothing: _____; Utilities: _____; Mortgage/Rent: _____; Other: _____

Church: _____ Pastor _____

Church Address: _____ Phone: _____

Education: GED: _____ HS: _____ College: _____

Interested in GED Credit Training? Yes () NO () Budget Counseling? Yes:() No:()

Have you ever received Financial Assistance from Us? Yes _____ No _____ If Yes, When and

How Did We assist you:

Please explain the circumstance which brought about this need:

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

Help Given: Food: () Clothing: () Financial Assistance: () Referral: ()

By: _____ Date: _____

CLIENT CHECK-UP PROCESS, especially after financial assistance: