

**Mail form to**  
P.O. Box 220652 Kirkwood,  
MO 63122  
email: [services@kirkcare.org](mailto:services@kirkcare.org)



**Important: You must live in the Kirkwood School District to receive help.**

**Application for Assistance**

**APPLICANT INFORMATION**

<b>Name</b>		<b>Today's Date</b>	
<b>Street Address</b>		<b>Email</b>	
<b>City, State, Zip</b>		<b>Marital Status</b>	
<b>Birth date</b>		<b>Church</b>	
<b>Home phone</b>		<b>Church Phone</b>	
<b>Cell phone</b>		<b>Pastor</b>	

**LIST ALL OTHERS RESIDING AT APPLICANT ADDRESS**

<b>First</b>	<b>Last</b>	<b>Birth date</b>	<b>Relationship to Applicant</b>	<b>Full or part time</b>

**EMPLOYMENT INFORMATION (Provide current employer information for all employed household residents)**

<b>Name</b>	<b>Employer Name</b>	<b>Employer Address</b>	<b>Employer phone</b>

**WHAT ASSISTANCE ARE YOU REQUESTING? (Check) Rent Electric Gas Water Food**

<b>Utility Name (Ameren, Laclede, etc) (or Landlord name and address)</b>	<b>Utility Account Number (or Landlord phone number)</b>	<b>Minimum Amount Due</b>	<b>Total Due</b>	<b>Disconnection/Eviction Notice (Yes/No)?</b>

**LIST AGENCIES THAT ARE HELPING YOU WITH YOUR BILLS**

<b>Agency</b>	<b>Assistance Received (Type and \$ amount)</b>	<b>Date Received</b>

**HOUSEHOLD MONTHLY BUDGET SUMMARY (Enter \$ amounts. Consolidate entries from all sources.)**

<b>INCOME</b>	<b>Amount</b>		<b>Amount</b>	<b>EXPENSES</b>	<b>Amount</b>		<b>Amount</b>
Salary, Wages		Food Stamps		Mortgage/Rent		Cable/Internet	
Tips		WIC		Electric		Telephone	
Child Support		Pension		Gas		Cell phone	
TANF, Welfare		Unemployment		Water/Sewer/Trash		Credit cards	
SSA Retirement		Insurance		Food		Automobile	
SSA Disability (SSI)		Other		Gasoline			
Child Care		<b>Total Income</b>		<b>Rx Costs</b>		<b>Total Expense</b>	



**Comments:**

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**Release of Confidential Information**

I authorize Kirk care to contact any of the people or offices listed by me on this application for verifying the information that I have provided. All information is true, complete and accurate. Any misinformation will be grounds for denying all benefits from Kirk Care. I also understand additional information may be required by an assessment team. This assessment team may visit me during this process. All information collected by Kirk Care staff and volunteers is strictly confidential. Kirk Care is committed to protecting the privacy of all clients. However, in some cases, it may be necessary or desirable for Kirk Care to either receive and/or share information with others. The purpose of obtaining and/or sharing this information is to ensure clients receive the assistance needed.

I hereby authorize Kirk Care to access and release any information or records that are relevant for the purpose of providing assistance for my needs for a twenty-four-month period.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_