



Application # \_\_\_\_\_

## Application Form

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### Applicant Information

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to disclose

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Household Information

Household Size (Total Number of People): \_\_\_\_\_

Household Members (Names, Ages, and Relationship to Applicant):

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_



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**Monthly Household Income:** \_\_\_\_\_

**Type of Income:** \_\_\_\_\_

**Services Requested**

Please select the service(s) you are interested in:

- ☐ **Emergency Assistance** (Food, Clothing, Shelter)
- ☐ **Financial Literacy and Budgeting**
- ☐ **Life Insurance Education**
- ☐ **Job Training and Employment Support**
- ☐ **Counseling and Mental Health Services**
- ☐ **Youth and Family Programs**
- ☐ **Senior Services**
- ☐ **Other** (Please specify): \_\_\_\_\_

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**Statement of Need**

Please describe why you are requesting assistance from BlanketAid Foundation and how our services will benefit you and your family:

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**Additional Information**

Use this space to provide any additional information or specific details regarding your situation, needs, or preferences:

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### Other Assistance

**1. Are you currently receiving assistance from any other organizations?**

☐ Yes ☐ No

If yes, please list the organization(s) and type of assistance:

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**2. Are there any specific challenges or needs you would like to discuss during your intake session?**

☐ Yes ☐ No

If yes, please provide details:

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### Consent and Acknowledgments

☐ I certify that the information provided on this application is accurate and complete to the best of my knowledge.

☐ I authorize BlanketAid Foundation to verify the information provided and to contact me regarding my application.

☐ I consent to BlanketAid Foundation sharing my information with partner organizations if it may help in providing the necessary services.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

**Date Received:**

**Reviewed By:**

**Approved:** ☐ Yes ☐ No

**Comments/Notes:**