

Helping Neighbors-in-Need Outreach Center (HNIN)

ALL INFORMATION ON THE FORM MUST BE COMPLETED

APPLICATION DATE:	REVIEWED BY:	REFERRED BY:	HMIS#
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Mobile:	Email:	
Date of Birth:	SSN:	Ethnic Group:	
Gender: ___ M ___ F ___ TG ___ Other		Community Services Board: ___ Yes ___ No	
Homeless: Yes ___ No ___ Number of working individuals in the household: ___ Number of children in the Household: ___			
Have you ever received assistance from HNIN?		If yes, when was the last time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No SNAP/Food Stamps If yes, amount \$ _____		Are you a U.S. Veteran? Yes ___ No ___ If yes, what are your dates of service? _____ - _____ DD 214 Yes ___ No ___	
Employed? Yes ___ No ___ If yes, please provide name of employer:			
Employer's Address:		Monthly Salary: \$ _____ .00	
WHAT TYPE OF SERVICE(S) DO YOU NEED? (CIRCLE ALL THAT APPLY)?			
<input type="checkbox"/> Emergency Food <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Housing <input type="checkbox"/> Security deposit <input type="checkbox"/> First Month Rent	<input type="checkbox"/> Mentoring	<input type="checkbox"/> SNAP Assistance
<input type="checkbox"/> Christian Counseling or Prayer	<input type="checkbox"/> Resume' assistance <input type="checkbox"/> Business Plans <input type="checkbox"/> Financial Management	<input type="checkbox"/> Anger Management Class <input type="checkbox"/> AA Group <input type="checkbox"/> Career Training Class <input type="checkbox"/> Financial grant	<input type="checkbox"/> Vision/Dental/Health <input type="checkbox"/> ID/Birth Certificate/SSN Assistance <input type="checkbox"/> Showers <input type="checkbox"/> Prescription Co-pays <input type="checkbox"/> Transportation Assistance
LIST DESIRED NEEDED ITEMS			
In the last 30 days have you applied for assistance from another local area homeless services provider, faith-based organization, Church or institution? Is yes which one(s)?			
By signing below, I attest the information provided on this application is true and correct.			
Signature:			Date:
TO BE COMPLETED BY NIN STAFF – what item or services were provided?			
Signature of NIN staff:			
Date:	Time:	Assigned Caseworker:	Date Assigned:

Revised July 2020

Deuteronomy 15:11 For the poor shall never cease out of the land: therefore I command thee, saying, Thou shalt open thine hand wide unto thy brother, to thy poor, and to thy needy, in thy land