



# HELPING HANDS OUTREACH CENTER

## SERVICE REQUEST FORM

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

Last 4 digits of your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

911 Address (no P.O. Box): \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Total Number of People Living in Household: \_\_\_\_\_

Name	Age	Name	Age
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

Are you currently employed? \_\_\_\_\_ If yes, where are you employed? \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_ If no, do you draw unemployment? \_\_\_\_\_

What is your monthly salary? \$ \_\_\_\_\_ What is the total monthly income for your household? \$ \_\_\_\_\_

**Do you draw money from any of the following? If so, how much do you draw per month?**

Unemployment \$ \_\_\_\_\_ SS Disability \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_

SS Retirement \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ TANIF \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Requesting Assistance With:**

Emergency Food Box \_\_\_\_\_ Dental Assistance \_\_\_\_\_ Prescription Assistance \_\_\_\_\_ Utility Assistance \_\_\_\_\_

Unique Boutique Voucher \_\_\_\_\_ Job Search Assistance \_\_\_\_\_ Ensure \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

If you marked "Other", please explain on the line below.