



Helping Hands Outreach Center

Service Request Form

If we have assisted your household in the last TWO years, applications WILL NOT be considered. This is not an entitlement program. Our program is an emergency-based program only.

Name: _____ Gender: _____ Date: _____

Are you or a member of your family a veteran? _____

Race: White African-American Native-American Asian Other

Ethnicity: Hispanic Non-Hispanic Date of Birth: _____

911 Address (no P.O. Box): _____

City: _____ State: _____ Zip: _____ 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. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Are you currently employed? _____ If yes, where are you employed? _____

How long have you been employed there? _____

If you are unemployed, please explain how your household is sustained. What sources are being used to assist you?

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: _____



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Client Assistance Guidelines

We reserve the right to refuse service to anyone that is found to be abusing this program.

We consider applicants without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status or any other legally protected status.

PLEASE READ CAREFULLY!!!

Below is a checklist of ALL DOCUMENTS NEEDED to process application.

Application WILL NOT be considered or processed without proper documents.

We will conduct an intake/assessment of the applicant request.

- Utility bill must be in applicants or landlord's name with accompanying documents.
- Must be able to provide proof of residency.
- Applicant must have picture I.D. with Shelby County address
- Must provide proof of income for entire household.
- If unemployed, we require you to register with the Workforce and provide paperwork.
- If unable to work, you must provide acceptable proof why you cannot work.
- If receiving food stamps, you must provide proof from the Department of Human Services.

Authorization to furnish information and certification of information provided

I, _____ (Print Name), at _____ (Address), do hereby

authorize persons, organization or establishments having information or records concerning me/us or my/our circumstances, to furnish such information to a representative of Helping Hands Outreach Center of Center, TX.

I hereby grant permission to Helping Hands Outreach Center to obtain information which may have a bearing on my/our eligibility for assistance.

All information given to process this application is true and correct.

Signature of Applicant _____

Date _____

We strive to approach every application for assistance with discernment through an understanding heart.