

Hearts and Hands

Application for Food Assistance

Jesus said: "I am The Way and The Truth and The Life. No One comes to the Father but thru me. John:14:6

Date: ___/___/2024

Please answer **ALL** questions. PLEASE PRINT. Filling out this form does not guarantee assistance,

FULL NAME: _____ DATE OF BIRTH: ___/___/___

CURRENT LIVING ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____ PHONE (cell): (____) ____-____

COUNTY: _____

DRIVERS LIC. or STATE ID # _____ STATE of LICENSE _____

HOUSEHOLD MEMBERS: List ***everyone*** living in your home, including yourself, how they are related to you, date of birth, source of income, the amount of their income for each person and how often each receives payments. If need to continue on back of this form, please check here ____.

NAME	RELATION	DATE OF BIRTH	SOURCE OF INCOME	AMOUNT	HOW OFTEN?
Self	Self				

SOURCES OF MONTHLY INCOME:

JOB \$ _____ DISABILITY \$ _____ UNEMPLOYMENT \$ _____ FOOD STAMPS \$ _____

CHILD SUPPORT \$ _____ SOCIAL SECURITY \$ _____ RETIREMENT \$ _____

OTHER SOURCES \$ _____ (SPECIFY) _____

TOTAL MONTHLY INCOME: \$ _____

Indicate any sources you have applied for and the date, even if benefits have not started yet.

SPIRITUAL NEEDS:

We have people here who are available and eager to pray with you, Please let someone know.

Do you attend church regularly? __Y__N If yes, where? _____

Pastor's name? _____ Phone #: _____

What are your immediate prayer needs? _____

**** PLEASE COMPLETE REVERSE SIDE OF THIS FORM ****

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MONTHLY HOUSEHOLD EXPENSES

Rent / Mortgage (circle one) per month \$_____. Are you past due on rent/mortgage? __Y __N if so, how many months behind? _____

Are you homeless now? __Y __N IF so, where are you staying? _____

Utilities avg. per month \$_____ Phone Bill Per Month \$_____ Cable TV Bill \$_____

Cell phone \$_____ Car Payment \$_____ Car Insurance \$_____

Amount of OTHER regular monthly expenses \$_____

If you need work, please list some of your job skills in case we can help: _____

I have been informed that I must provide an ID for each household member AND proof of residence in **Marshall County** for each adult in my household (18 and older) before I can receive additional food assistance.

I understand that my basic, identifying and non-confidential service transactions/information will be shared in an electronic shared case database called the **desotodounty.charitytracker.net** Assistance Network. The information I have provided is true, current and correct. I further understand that refusal to comply with Hearts and Hands requirements for assistance will result in refusal of all services.

Signature of Head of Household

Date