

QUESTIONNAIRE FOR SUPPORTIVE SERVICES

1. How did you hear about us?
2. What is your full legal name? _____, and DOB:

3. How can Miscellaneous Staffing/ SWD assist you today?
4. Are you currently receiving any benefits from the State of Missouri, i.e (Snap/ Medicaid/ Medicare, or Snap Cash Benefits? If so, please specify each source and the amount you receive.
5. Do you have children? If so, list the names and ages of each child. (Depending on the type of service we provide you, you may be required to provide social security numbers for each child).
6. Have you applied for Supportive Services, other than food (Pantry) from any other Non-Profit Agency within the last 6 months. If so, what type of service did you apply for? (i.e, rent assistance, clothing assistance, utility assistance).
7. When was the last time you were employed full time?
8. If offered assistance in seeking employment, are you willing to return to work?
9. Do you own a vehicle?
10. If your eligible to receive supportive services from us, or you willing to enroll in training or education classes?

Lastly. What are your goals moving forward?