



Ella's Place Youth and Family Services

Date: _____

Received by: _____

Application for Services

Name:		Last four of SSN	
Address:	City	Zip	County
Mailing address if different		Phone	
Email	Referred by:		
Is anyone in the household an employee, board member, family member or former staff of Ella's Place Youth and Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and relationship _____			

Demographic Information		
Work Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Migrant, Seasonal or Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Unemployed (not in Labor Force) <input type="checkbox"/> Retired	Race/Ethnicity <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	Income (Annual) <input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$15,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$70,000 Income over \$70,000 does not qualify for services

All Fields Must be Completed for Each Household Member				Yes or No			Check Appropriate Box	
First & Last Name	Relationship to You	SSN #	DOB	Active Military	Veteran	Disabled	Work Status	Race
	SELF							

Does your family receive any of the following benefits?

Social Security Retirement <input type="checkbox"/>	SSI <input type="checkbox"/> TANF <input type="checkbox"/>	VA Disability Compensation <input type="checkbox"/>	Child Support <input type="checkbox"/>	Worker's Compensation <input type="checkbox"/>
Disability Pension <input type="checkbox"/>	SNAP <input type="checkbox"/> SSDI <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Other, please explain: _____	
WIC <input type="checkbox"/>	Childcare Voucher <input type="checkbox"/>	Public Housing <input type="checkbox"/>	Housing Choice Voucher (Section 8) <input type="checkbox"/>	



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Declaration of Income Statement:

State the gross income for household members 18 years and older, who have no documentation of the income received in the **30-day period** prior to the date of application for assistance:

Name	Gross Income Received \$	Last Day of Employment:
Name	Gross Income Received \$	Last Day of Employment:
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Name	Gross Income Received \$	Last Day of Employment:
Name	Gross Income Received \$	Last Day of Employment:
Name	Gross Income Received \$	Last Day of Employment:

My household has no documented proof of income due to the following situation:

Please explain what has happened in the past 30 days that has caused you to seek assistance:
