

Client ID # _____ UNITED BOARD OF MISSIONS
CLIENT QUESTIONNAIRE
FOOD and/or CLOTHES

Office Use Only
Appointment Date: _____
Time: _____

DATE _____ email: frontdesk@unitedmissions.org

Veteran or Active Duty in Household? Y or N Ethnicity: _____
NAME _____ DOB ___/___/___ AGE ___ M / F TELEPHONE _____

ADDRESS _____ City _____ State _____ Zip _____

ARE YOU EMPLOYED? _____ COMPANY / JOB? _____

WHAT KIND OF ASSISTANCE? _____

WHAT IS THE CAUSE OF YOUR **EMERGENCY**? _____

Client Email Address: _____

IT IS IMPORTANT TO PROVIDE THE FOLLOWING ITEMS, IN ORDER TO GET ASSISTANCE!!!

YOU MUST PROVIDE:

Your Picture ID _____ Utility Bill for Proof of Address _____
Birth Certificates for everyone in Household under 18 _____
_____ Disability _____ SS _____ SSI _____ Pension _____ TANF _____

DOES CLIENT RECEIVE ANY OF THE FOLLOWING ASSISTANCE?

Proof of Food Stamps _____ AG Child Support _____ Rent/Housing _____ Utility Asst. _____
Proof of all other bills you pay _____ TWC Proof _____
If any of the above apply client is automatically qualified (No Income Information Needed)
Monthly Household Income _____

Spouse Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F
Name: _____	DOB: ___/___/___	Age: ___	Race: ___	Hisp: Y or N	M / F

Please email or bring this form with you to the appointment _____