

# Help Network

Assessment and Disclaimer

**PLEASE PRINT CLEARLY THE NAME, DATE OF BIRTH, AGE, ETHNICITY (RACE) AND GENDER, FOR YOU AND ANY OTHERS LIVING IN YOUR HOUSEHOLD. (A HOUSEHOLD IS DEFINED AS EVERYONE WHO LIVES IN THE HOME.)**

First	Last	Birthdate	Social Security #	M/F	Race	Relationship To Applicant	Veteran? Write Yes or No

**Check the Services and List ALL Amounts That You or Anyone in Your Family Receive**

\$\_\_\_\_\_ SNAP (Food Stamps)      \_\_\_\_\_ Medicaid      \_\_\_\_\_ Medicare  
 \$\_\_\_\_\_ Child Support      \$\_\_\_\_\_ Social Security Disability      \$\_\_\_\_\_ Social Security  
 \$\_\_\_\_\_ Unemployment      \$\_\_\_\_\_ VA Benefits      \$\_\_\_\_\_ TEA/TANF  
 \$\_\_\_\_\_ Rental Assistance      \$\_\_\_\_\_ Utility Assistance      \_\_\_\_\_ WIC

**What is your immediate need for today?**

Utility Assistance \_\_\_\_\_ Gasoline \_\_\_\_\_ Rent \_\_\_\_\_ Lodging \_\_\_\_\_ Food \_\_\_\_\_  
 Work Clothing \_\_\_\_\_ Clothing \_\_\_\_\_ Furniture \_\_\_\_\_ Eyeglasses \_\_\_\_\_ Other \_\_\_\_\_

**Agreement: To the best of my knowledge, all information provided for this application is true and complete. I understand and accept that false or incomplete statements will result in IMMEDIATE rejection.** Help Network has my permission to review my utility accounts, rental history, and contact any other agencies regarding anyone listed on my application including myself. Help Network also has my permission to share my information with their authorized partners. I understand that Help Network has the right to deny any services, require attendance to budgeting classes, and ask for verification of any information provided.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Intake Worker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do you have a HS Diploma or GED?            Y    N            If REQUIRED will you attend budget classes? Y    N

Do you need to speak with a minister?        Y    N            Do you have a checking or savings account? Y    N

Do you have reliable transportation?            Y    N            Do you have an active cell phone?            Y    N

Is anyone in the home employed?            Y    N            Are you homeless?                                Y    N

If Employed: WHO & WHERE: \_\_\_\_\_  
 If Not Employed: For How Long: \_\_\_\_\_

Do you need help learning English?            Y    N            Do you have a drug or alcohol problem?        Y    N

Do you have a child with a physical disability? Y    N            Do you have a child under 5?                    Y    N

**PLEASE PRINT YOUR ADDRESS**

Street / Apt. #	City	County
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Do YOU OWN OR RENT?    \_\_\_\_\_ Own    \_\_\_\_\_ Rent

PLEASE PRINT YOUR PHONE NUMBER (479) \_\_\_\_\_

**APPLICATIONS CAN NOT BE PROCESSED WITHOUT A CORRECT WORKING PHONE NUMBER**

**TOTAL MONTHLY INCOME FOR ALL MEMBERS OF YOUR HOUSEHOLD**

*(A HOUSEHOLD IS DEFINED AS EVERYONE WHO LIVES IN THE HOME.)*    Circle Incomes that you receive

PLEASE INCLUDE: *EMPLOYMENT, SSI, SSD, UNEMPLOYMENT, PENSION, CHILD SUPPORT, VA BENEFITS, FOOD STAMPS, TEA/TANF, RENTAL ASSISTANCE, UTILITY ASSISTANCE*

\_\_\_\_\_ NUMBER OF ADULTS OVER 18 IN THE HOUSEHOLD WHO HAVE NOT WORKED IN 3 MONTHS

PLEASE EXPLAIN REASON FOR **UNEMPLOYMENT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ESTIMATE THE AMOUNT YOU SPEND EACH MONTH FOR EACH ITEM. USE WHOLE DOLLARS ONLY**

Rent/Mortgage	\$	Groceries	\$	Credit/Loans	\$	Tobacco	\$
Water/Sewer	\$	Gasoline	\$	Car Payment	\$	Pet/Supplies	\$
Electric	\$	Medical Bills	\$	Child Care	\$	Other	\$
Gas/Heat	\$	Prescriptions	\$	Child Support	\$	Other	\$
Cable/Internet	\$	Insurance-Vehicle	\$	Household Items	\$	Other	\$
Phone/Cell Ph.	\$	Fines	\$	<b>Total    \$</b>			



## General Client Policies

Help Network strives to reduce barriers that prevent individuals and families from being self-sufficient. Help Network is not set-up to implement long-term case management or to offer long-term assistance to families or individuals. It is the goal of Help Network to assist low-income families of the Arkansas River Valley by offering financial assistance, assessing client needs, and providing referrals to other agencies, while encouraging responsibility. To qualify for services, you **MUST** provide last 30 days of income for everyone in the home, shut off notice or eviction notice, names, date of birth, and social security numbers for everyone living in your home, and valid ID for all adults.

Help Network assists with the following areas:

- Utilities (Electric, Gas, and Water)
- Rental Assistance
- Transportation (Fuel Vouchers)
- Eyeglasses (Russellville, Pottsville, London, Plainview, Ola)
- Food referrals
- Clothing referrals
- Furniture referrals

**Clients are limited to 3 services per year. Once you have reached that limit you cannot get assistance again for one full year from the date of the last service. Once services have reached \$100.00 you will be required to attend a budgeting class before future services are provided.**

Help Network **MAY** assist with up to **\$150.00** per year, however in extreme circumstances a person may be eligible for additional funding. Each request will be taken on a case by case basis and judged by the unique facts in each case. The final decision will be made by the Executive Director of Help Network.

To qualify for assistance, a family or individual must meet one of the following indicators:

- At or below the poverty level
- Single parent
- Homeless
- Disabled (Receiving Social Security Disability)
- Veteran
- Elderly

**Clients are expected to maintain a level of honesty with Help Network.** If a client is DISHONEST, RUDE, OR ABUSEIVE IN ANYWAY they **will not** receive assistance from Help Network, Inc. Help Network, Inc., may request documentation to validate a client's claim. Clients are required to provide the documentation requested **before** assistance will be offered. Help Network, Inc. offers budgeting class, free of charge, and clients may be required to attend to receive assistance.

Help Network is under no obligation to assist with a client's request. Failure to return proof of payment or required documentation will result in no assistance. Help Network offers a hand up, not a hand out, while encouraging responsibility.

**HNI does not guarantee assistance to any client.**

I have read the General Client Policy, am in full understanding, and AGREE to all terms of policy:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_