



Isaiah 58 New Hampshire
 472 Route 111 C4
 Hampstead, NH 03841

Our Roots
"Is not this the fast that I choose: to loose the bonds of injustice, to undo the thongs of the yoke, to let the oppressed go free, and to break every yoke? Is it not to share your bread with the hungry, and bring the homeless poor into your house...?" Isaiah 58:6-7

Application for Assistance Input Form

PERSONAL INFO	Last Name		First Name		Middle Initial	
Client Number		Date of Birth		SS #		
Phone #		Email				
Type of contact:		Today's date		Date of 1st contact		
Staff Worker			Next appointment			
Referred by			Veteran?		TANF?	
Marital Status			Isaiah Status			
Spouse or Partner	Last Name		First Name		Middle Initial	
	Date of Birth		Email			
	SS#			Phone #		

# of Children				# of children in household	
Last Name		First Name		Date of Birth	Living with you?
Last Name		First Name		Date of Birth	Living with you?
Last Name		First Name		Date of Birth	Living with you?
Last Name		First Name		Date of Birth	Living with you?
Others					Living with you?

HOUSING INFORMATION		Current housing		0	
Describe your current living situation.				0	
Address					
Town		State		Zip Code	
Rent		Landlord			
Current Lease Dates		To		Original Lease Start Date	
ARE OTHERS LIVING IN YOUR HOUSEHOLD?				# of adults in household	
Last Name		First Name		Relationship	Date of Birth
Last Name		First Name		Relationship	Date of Birth

Do you rent?		Do you own or have a mortgage?		Are you in danger of eviction?	
Did you received a:	Demand for Rent		Notice to Quit	0	Notice of Eviction
IF YOU'VE BEEN AT YOUR CURRENT ADDRESS LESS THAN 12 MONTH, LIST PAST ADDRESS					
Address					
Date		To	Date		

EMPLOYMENT INFORMATION				Are you employed?	
Employer			Town		State
Date of Last Check		Amount of Last Check			

SUPPORT SYSTEM					
Family support?				Isaiah Caseworker	
Member of a Faith Organization?		Name of Faith Organization			
Do you have therapist?		Name			
Do you have Caseworker?		Name			
Please list three references.					
Name		Phone #		Relationship	
Name		Phone #		Relationship	
Name		Phone #		Relationship	

INFORMATION RELEASE: I/We _____, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel assistance, or any non-profit agency to release information.

Name		Date	
Please submit copy of ID			



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Budget Worksheet

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PERSONAL INFO	Last Name		First Name		Middle Initial	
Client Number	Omit	Date of Birth	Omit	SS #	Omit	
Phone #	Omit	Email	Omit	Omit	US Citizen	Omit
Type of contact:	Omit	Todays date	Omit	Date of 1st contact	Omit	
Staff Worker	Omit	Omit	Next appointment		Omit	

A. Expenses	Actual Expenses	
Rent/Mortgage		Month
Electric		Month
Heat		Month
Cable/internet/etc		Month
Cooking fuel		Month
Telephone		Month
Food		Month
Person & Household		Month
Prescription		Month
Transportation		Month
Medical Insurance		Month
Car payment		Month
Gasoline		Month
Car insurance		Month
Credit cards		Month
Other:		Month
		Month
		Month
		Month
		Month
		Month
Total Expenses		Month

B. Income and Assets:	Self	Spouse/Partner	Total Monthly Income
Wages	Month	Month	
SSI	Month	Month	
EBT	Month	Month	
1	Month	Month	
2	Month	Month	
3	Month	Month	
4	Month	Month	
5	Month	Month	
6	Month	Month	
7	Month	Month	
8	Month	Month	
9	Month	Month	
10	Month	Month	
11	Month	Month	
12	Month	Month	
Total	Month	Month	

C. Income vs. Expenses:	Income		Expenses	
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Balance:	
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Information Release Agreement

Last Name		First Name		Middle Initial	
Address					
Phone		Email			Today's date
Date of Birth					

If you are part of our **Isaiah 58 New Hampshire** assistance program the following will apply:

INFORMATION RELEASE:

I understand that as part of the administration of this assistance program, a staff member may verify information I have provided on my application for assistance and any other information that would affect my eligibility.

I authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my circumstances to furnish such information to the Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/ Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel assistance, or any non-profit agency to release information.

This authorization shall expire one year from the date it is signed.

A photocopy of this authorization may be used in place of an original.

Signature of Applicant _____

Date _____

Signature of Isaiah Staff _____

Date _____