



*Wings of a Butterfly*  
 "Breaking the Cycle of Domestic Violence"

"Changing the World ONE Butterfly at a Time."

**Client Application:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**\*Phone Number Must Be On File\***

**Household:**

Number of Adults Living with you: \_\_\_\_\_ Number of Children Living with you: \_\_\_\_\_

I Certify that I DO NOT reside with my abuser: Initials: \_\_\_\_\_

Do you have a vehicle? \_\_\_\_\_ Make, Model and Color: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

Name of Children	Age	Sex	Date of Birth

Are you in Counseling? \_\_\_\_\_ Where at? \_\_\_\_\_ For How Long? \_\_\_\_\_

Are you on any Medications? \_\_\_\_\_

List Medications:

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

List Allergies and Reactions:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever used drugs or alcohol? \_\_\_\_\_ Date of Last Drink or Use? \_\_\_\_\_ How much? \_\_\_\_\_

Drug(s) or Drink of Choice:

\_\_\_\_\_  
 \_\_\_\_\_



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Have you ever lived in a shelter? \_\_\_\_\_ Which Type? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ For How Long? \_\_\_\_\_

How did you hear about Wings of a Butterfly?

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Why did you decide to come into Wings of a Butterfly?

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What are the types of assistance and resources you are most in need of?

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Financial Information:

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_ Length of time? \_\_\_\_\_

Income Amount? \_\_\_\_\_ Food Stamps Amount? \_\_\_\_\_ TANF Amount? \_\_\_\_\_  
 Disability/SSI Amount? \_\_\_\_\_ Child Support Amount? \_\_\_\_\_ Outside Help? \_\_\_\_\_

Section 8 Housing? \_\_\_\_\_ How much is your Rent or Mortgage? \_\_\_\_\_

Landlords or Mortgage Company Name and Address:

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Are you receiving help from other resources or agencies? \_\_\_\_\_ If so Who? \_\_\_\_\_  
 How Long? \_\_\_\_\_ Case Manager? \_\_\_\_\_

- I understand that this application is not acceptance into the program
- I understand that if I am need of food I must also fill out and sign the Food Pantry Application from Tarrant County Food Bank

By Signing this application, Applicant agrees to abide by Wings of a Butterfly rules and guidelines, confirms that all information on the Wings of a Butterfly application is true and correct, and agrees to release The Wings of a Butterfly of all liability.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_