

HUNT COUNTY KIDS, INC.

ASSISTANCE APPLICATION

PLEASE FILL IN ALL BLANKS THAT APPLY

Date: _____

CLIENT ID – Last 5 numbers of your social security number or Mexican ID: _____

NAME: _____

ADDRESS: _____ CITY: _____

PHONE NUMBER: _____ CELL NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: _____

NAME OF SPOUSE OR PARTNER: _____

HIS/HER DATE OF BIRTH: _____ LAST 5 NUMBER OF SOCIAL OR MEX ID: _____

LIST MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES: WAGES: \$ _____ DISABILITY \$ _____

SOCIAL SECURITY \$ _____ CHILD SUPPORT: \$ _____ OTHER: _____

DO YOU RECEIVE FOOD STAMPS? _____ AMOUNT \$ _____ DATE LONE STAR CARD IS LOADED: _____

NUMBER OF ADULTS IN THE HOUSEHOLD: _____ NUMBER OF CHILDREN: _____

Proof of income, proof of residence, food stamp letter and picture ID must be provided at time of service.

Assistance requested: _____

LIST ALL OTHER MEMBERS OF THE HOUSEHOLD AND THE LAST 5 NUMBERS OF THEIR SOCIAL SECURITY NUMBERS.

NAME: _____ M/F ___ DOB: _____ SS# _____

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SCHOOLS THE CHILDREN ATTEND: _____

MONTHLY EXPENSES: You may be asked to provide proof of the following.

MORTGAGE PAYMENT/RENT: \$ _____ ELECTRIC: \$ _____ WATER: \$ _____ GAS: \$ _____

FOOD: \$ _____ AUTO PAYMENTS: \$ _____ CHILD SUPPORT: \$ _____

CREDIT CARDS: \$ _____ \$ _____ AUTO INSURANCE: \$ _____ HEALTH INSURANCE \$ _____

GASOLINE: \$ _____ OTHER: \$ _____

SIGNATURE: _____