

Mail form to
P.O. Box 220652 Kirkwood,
MO 63122
email: services@kirkcare.org



Important: You must live in the Kirkwood School District to receive help.

Application for Assistance

APPLICANT INFORMATION

Name		Today's Date	
Street Address		Email	
City, State, Zip		Marital Status	
Birth date		Church	
Home phone		Church Phone	
Cell phone		Pastor	

LIST ALL OTHERS RESIDING AT APPLICANT ADDRESS

First	Last	Birth date	Relationship to Applicant	Full or part time

EMPLOYMENT INFORMATION (Provide current employer information for all employed household residents)

Name	Employer Name	Employer Address	Employer phone

WHAT ASSISTANCE ARE YOU REQUESTING? (Check)

		Electric	Gas	Water	Food
Utility Name (Ameren, Laclede, etc) (or Landlord name and address)	Utility Account Number (or Landlord phone number)	Minimum Amount Due	Total Due	Disconnection/Eviction Notice (Yes/No)?	

LIST AGENCIES THAT ARE HELPING YOU WITH YOUR BILLS

Agency	Assistance Received (Type and \$ amount)	Date Received

HOUSEHOLD MONTHLY BUDGET SUMMARY (Enter \$ amounts. Consolidate entries from all sources.)

INCOME	Amount		Amount	EXPENSES	Amount		Amount
Salary, Wages		Food Stamps		Mortgage/Rent		Cable/Internet	
Tips		WIC		Electric		Telephone	
Child Support		Pension		Gas		Cell phone	
TANF, Welfare		Unemployment		Water/Sewer/Trash		Credit cards	
SSA Retirement		Insurance		Food		Automobile	
SSA Disability (SSI)		Other		Gasoline			
Child Care		Total Income		Rx Costs		Total Expense	



Comments:

Release of Confidential Information

I authorize Kirk care to contact any of the people or offices listed by me on this application for verifying the information that I have provided. All information is true, complete and accurate. Any misinformation will be grounds for denying all benefits from Kirk Care. I also understand additional information may be required by an assessment team. This assessment team may visit me during this process. All information collected by Kirk Care staff and volunteers is strictly confidential. Kirk Care is committed to protecting the privacy of all clients. However, in some cases, it may be necessary or desirable for Kirk Care to either receive and/or share information with others. The purpose of obtaining and/or sharing this information is to ensure clients receive the assistance needed.

I hereby authorize Kirk Care to access and release any information or records that are relevant for the purpose of providing assistance for my needs for a twenty-four-month period.

Client Signature _____ Date _____