



OUR MISSION
 Catholic Charities
 is building a just
 and compassionate society
 rooted in the dignity
 of all people

BASIC NEEDS APPLICATION

Full Name:			Today's Date:		
Gender:	DOB:	Age:			
Address:		Apt #:	City:		Zip Code:
Phone #:		Email:			
Preferred Language			Speak & Read English? Yes or No		
Country of Origin:			Race/Ethnicity:		
Marital Status:			Level of Education:		
Veteran: Yes or No					
Are you disabled? Yes or No Specify:					
Identification (ID) presented? Yes or No Proof of Address (NOT use the address on the ID)? Yes or No <i>Clients are required to present proof of address and ID. Not every client has the most updated address on their photo ID.</i>					

HOUSEHOLD INFORMATION

Please complete the following information for all members in your household. Use the back of this paper if you need more space.

NAME	Gender	DOB	Age	Veteran (Y or N)	Relationship to HH

SOURCE(S) OF INCOME/ MONTHLY \$ AMOUNT

Sources	Monthly \$	Sources	Monthly \$
Employment		SNAP	
Alimony/Child Support		Unemployment Comp.	
AEEDC		Veteran's Benefits	
Military Allotment		Workman's Comp.	
Pension		Employer Disability	
Social Security		Other	
SSI		(Specify)	
SSDI		NO Income _____	Are you looking for a job? YES or NO
TAFDC		Do you receive FUEL ASSISTANCE? YES or NO	

MONTHLY EXPENSES

Expenses	Monthly \$	Expenses	Monthly \$
Gas/ Fuel Oil		Car Insurance	
Electricity		Public Transportation	
Water		Food	
Cable		Clothing	
Phone		Medical	
Day Care		Credit Cards	
Car Loan/ Lease		Plus Other Expenses (Subtotal the Amount)	
Rent/Mortgage		Is it subsidized? Please specify:	



OUR
MISSION
Catholic Charities
is building a just
and compassionate society
rooted in the dignity
of all people

CAUSE OF NEED

Please identify the items that best describe your situation

Budgeting		Unemployment		Child Support	
Death in the Family		Under Employment		Disaster	
Domestic Violence		Child Care Issues		Ex-Offender	
Rent too high		Marital Issues		Needs	
Public agency delay		Eviction		Relocation	
Robbery		Refugee/ Immigration		Substance Abuse	
Illness/Disability		Security deposit/other housing issues		Desertion/ Divorce/ Sep.	
Other (Specify)					

OTHER RESOURCES NEEDED/ REQUESTED

Please identify other services you would like to request from Catholic Charities or our partnering agencies

Homelessness Prevention		Emergency Food Assistance/ Food Pantry		Cradles to Crayons	
Utility Assistance-Heat		SNAP		Baby Products	
Utility Assistance-Non Heat		WIC		Clothing Assistance	
Mortgage Assistance		Nutrition Workshop		Hygiene Products	
Rental Assistance		Thanksgiving Assistance		Elder Services	
Budgeting/ Financial Literacy		School Supplies		Counseling	
Other (Specify)					

RELEASE OF INFORMATION

I authorize Basic Needs Department at Catholic Charities to share my records with appropriate agencies or third party providers, including funders, client database system, and partnering agencies for assistance and reporting. I understand Catholic Charities will keep my information under all state and federal confidentiality regulations and will not share my information without my consent.

Signature: _____

Name (Print): _____

Date: _____

OFFICE USE ONLY

Referrals Submitted	
Alerts	
Case Notes	
	(...)