

Client Record Form (Section 2)

Society of St. Vincent de Paul - St. Francis Xavier Conference

2073 Lafayette Avenue, Fort Myers, FL 33901 (239) 334-9225



Household Make-Up			Other Information		
Children	Age	Social Sec. # Optional	Employer: How long employed: Church Affiliation (optional): Other sources of help being received: Helped by SVDP before? Yes No When:		
Others:					
Medicare? Yes No	Medicaid? Yes No	Food Stamps? Yes No	WIC? Yes No		
Household Income	Monthly Amount	Expenses	Monthly Amount	For Utility Assistance	
Work/Workers' Compensation		Rent/Mortgage		Name on Utility Bill if different	
Spouse/Room-mate Employment		Utilities		Monthly income	
Veteran Benefits		Food		Current address	
Soc. Sec./Pension		Prescriptions			
ANF, SSI, SSD		Transportation/Car Payments			
Food Stamps		Insurance (Auto, Health, Dental, etc.)		Date of Birth	
Child Support/Alimony		Child Care		Reason for difference	
Utility Allowance		Credit Cards		Date bill will be in your name	
Other		Other		Relationship to you	
Total Income		Total Expenses			

Please indicate the specific assistance you are requesting.

I agree that the information provided is true and correct as of the date set forth opposite my signature and that any intentional misrepresentation of this information may result in my disqualification from receipt of assistance from the Society of St. Vincent de Paul.

PRINT NAME: _____

Signature: _____ **Date:** _____

(Permission to release/verify info.)

Society of St. Vincent de Paul – Assistance Notice

Complete this form and provide items on this check list to go through a screening process. SVDP typically pays only a portion of the amount due. The amount is dependent on the availability of funds.

SVDP may provide emergency assistance once in an eighteen (18) month period for one (1) emergency item. Repeat requests occurring the same time each year are not eligible for assistance. Please fill out both sides.

- Photo ID, Social Security Card (if available)
- Checking, savings, credit card statements – Last 2 months
- Proof of Income (all sources, 2 pay stubs, welfare, child support, alimony, Section 8, SSI, Medicaid, food stamps)
- Recurring Expenses (copies of utility bills, rent/mortgage, insurance, car and prescriptions.)
- Employer Contact Information

We do not provide, deposit, rent, mortgage and out of state transportation assistance.

TODAY'S DATE: _____/_____/_____ **Please Print Carefully** **Client Record Form (1)**

YOUR LAST NAME: _____ FIRST NAME: _____

DOB: _____ SPOUSE/PARTNER : _____ DOB: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ADULTS: _____ CHILDREN: _____

PLEASE COMPLETE THE CLIENT RECORD FORM (2) ON THE BACK

FOR SVDP USE ONLY WORKER: _____ PAYEE: _____

ACCOUNT NO: _____ AMOUNT: _____ CK NO: _____