

SOCIETY OF ST. VINCENT DePAUL - RESURRECTION PARISH ASSISTANCE REQUEST CASE SHEET

Date:		Case Workers:			
Client's Name		Household Members	Age	Gender	Relationship
Complex					
Address					
Phone:	Home:				
	Cell:				
	Work:				
	Other:				

Any family members active military or veterans? YES NO If yes refer client to Veterans Admin

Household Income:	Amount
Employment	
Food Stamps	
Disability	
Social Security	
Child Support	
Other	

Have they tried their church or any other church or agency for assistance?

YES

Where?

Type of assistance?

NO

Type of Assistance Requested/Needed	Amount Needed	Amount Given
Rent		
Utilities: Electrical/Gas		
Food Bank Voucher/Gift Certificates		
SVdP Store Voucher		
Needs Diapers		
Total Assistance		

Has Client Received previous assistance from Resurrection SVdP? YES NO

When	Type	Amount

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What was the situation that generated the request for assistance?

<p><i>Does the client have any funds to contribute to resolving their issue(s)?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Amount?	
<p><i>Can they get any financial assistance from family or friends?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Amount?	
<p><i>Are they on or have they tried to utilize the budget plan for their utilities?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
<p><i>Has an eviction or shutoff notice been issued?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Disposition Date:	
<p><i>Has the family contact the Department of Social Services?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Case #	
<p><i>Has the family contacted Salvation Army?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Case worker	
<p><i>Would this family be a candidate for the holiday food basket?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>
<p><i>Should any further assistance be given?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Easter	<input type="checkbox"/>
<p><i>Would the children of this family be candidate(s) for Camp?</i></p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>
<p><i>Additional comments</i></p>	Christmas	<input type="checkbox"/>				

Release of Information:
I realize that the coordination with other agencies, departments and individuals may be necessary for the Saint Vincent DePaul Society of Resurrection Parish to assist me. Therefore, I give permission for the Society to contact and exchange any necessary information with collaborating agencies. I also acknowledge that any information given on this application for assistance is true and correct.

Client's Signature _____ Date _____