



APPLICATION FOR ASSISTANCE
Please Print

Date: _____ Client Number _____
☐ New ☐ Return

Full Name _____ Gender _____
(First) (Middle Initial) (Last)
Street Address _____ Apt. # _____ Apt. Name _____
City, State, Zip Code _____ County _____
Home Phone: () - Wk Phone: () - Cell Phone: () -
Date of Birth _____ Age _____ Race: _____ Hispanic: Yes _____ No _____
mm-dd-yyyy
Marital Status _____ Level of Education _____ Referral Source _____
E-mail address _____ Church/Synagogue Affiliation: _____
Current Employer: _____ Occupation _____
Emergency Contact & Phone Number: _____

Do you live in the Frisco/Frisco ISD area: ☐ Yes ☐ No How Long: _____ Years _____ Months _____ Weeks
How long have you lived at your current address: _____ Years _____ Months _____ Weeks
Do you rent, own, or other? ☐ Rent ☐ Own ☐ Other
Are you at risk of being homeless? ☐ Yes ☐ No
Have you ever received assistance from FFS in the past? ☐ Yes ☐ No If YES, when: _____
Have you ever lived in a household that has received assistance from FFS? ☐ Yes ☐ No
Veteran ☐ Yes ☐ No Veteran's Dependent ☐ Yes ☐ No Veteran's Surviving Spouse ☐ Yes ☐ No
Total Number of People in the Household _____

List ALL living in your household (DO NOT INCLUDE YOURSELF)

First Name	Last Name	Gender	Age	Date of Birth	Race	Hispanic Yes or No	Grade	Name of School or Employer	Relationship to Applicant

SERVICES NEEDED: _____
If an appointment is necessary, I will bring in the COMPLETED APPLICATION and APPROPRIATE DOCUMENTATION requested on the application. If I do not show up for the appointment, I understand that I cannot use services until I have been seen by a Case Manager. I understand that I MUST arrive 15 minutes prior to my scheduled appointment to guarantee my appointment slot.
I understand that filling out the application and/or meeting with a case manager does not guarantee assistance will be provided.
The information provided is accurate and correct. I understand that any false information will delay my application process and may cause possible suspension of services from FFS.

Signature _____ **Date** _____
OFFICE ONLY:
Volunteer/Staff Name: _____ Date: _____
Was FP provided? ☐ YES ☐ NO Was ID copied? ☐ YES ☐ NO Additional resources provided? ☐ YES ☐ NO
Date & time of appt: _____ Case Manager: _____

What is your crisis? What is going on that you need help? (*Please write legibly.*)

Frisco Family Services

9111 Dogwood St. • Frisco, Tx 75033

972-335-9495

The following documentation is required. It is only necessary to provide copies of one current month of expenses and income. Failure to provide the required documents as indicated will delay the process to receive assistance. Due to the large number of applicants requesting assistance, you **MUST** arrive 15 minutes before your scheduled appointment to guarantee your appointment slot.

THE FOLLOWING INFORMATION IS REQUIRED:

Proof of Current Address (Please bring the paperwork that applies to your living situation)

- ☐ Current Lease
- ☐ Section 8 Papers with lease
- ☐ Current mortgage contract or coupon

Identification for All Household Members (Please bring **at least ONE** form of ID for each member or your household.)

- ☐ Driver's License
- ☐ State ID Card
- ☐ Passport
- ☐ School ID Card
- ☐ Social Security
- ☐ Birth Certificates

Proof of All Income (Please bring all that apply to your household.)

- ☐ Recent paycheck stubs from each employed person in your household (*including new and terminated employment*)
- ☐ Unemployment eligibility notice/compensation stubs
- ☐ Child support statement
- ☐ Social Security/SSI current grant notice of benefits
- ☐ Food Stamps/Medicaid Letters/TANF letter showing how much received or denial letter.
- ☐ Self-Employment Records (Last year's Tax forms, DBA)

Proof of All Expenses (Please bring all that apply to your household.) **(MUST PROVIDE CURRENT STATEMENTS WITH DETAILED INFORMATION. DISCONNECTION NOTICES WILL NOT BE SUFFICIENT)**

- ☐ Current Rental lease/Mortgage Payment
- ☐ **CURRENT** Utility bills including electric, water, gas, cable, phone, and cell phone
- ☐ Childcare
- ☐ Car payments
- ☐ Car insurance
- ☐ Health insurance
- ☐ Credit card payments
- ☐ Car repair bills
- ☐ Any other loans or items that affect income
- ☐ Current bank statement (LAST 30 DAYS - **DETAILED**) (checking & savings)

Documentation on Current Crisis (Must provide proof of crisis to assess eligibility)

- ☐ Doctor's letter/bills
- ☐ Police/fire reports
- ☐ Paid receipts for unexpected expenses
- ☐ Hospital/emergency care bills
- ☐ Proof of Unemployment

You must provide ALL documents on the date of your appointment. If no documents are provided, your appointment will be rescheduled. NO EXCEPTIONS

Client Name: _____ Client # _____

Date & Time of Appt: _____ Caseworker: _____

CLIENT NAME: _____

To determine how we can be of assistance to you, please complete the following questions:

What is your need today? _____

What is the crisis or situation that has caused you to seek assistance? _____

If you are asking for financial assistance, how will you pay for next month's rent/utilities? _____

Have you been assisted by another agency? _____ Which agency/organization? _____

Please list your previous addresses:

Street Address, City, State and Zip Code	How long/List dates

Medical History

Current health care/insurance (please circle one): CHIP Medicaid Medicare Northstar Private None Other
Does anyone in your household need or receive medical/psychological assistance? _____

Education History

Highest grade you completed: _____ Highest grade completed by your spouse/roommate: _____

Employment History

Please list your current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Past				

Please list your spouse's/roommate's current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Past				

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Total Household Income & Expense Report

Monthly Income	Monthly Amount		Monthly Expenses	Monthly Amount	Total Owed or Overdue
Wages _____ (name)	GROSS	NET	Housing (Mortgage or Rent)		
Wages _____ (name)	GROSS	NET	Electricity		
Wages _____ (name)	GROSS	NET	Gas		
Wages _____ (name)	GROSS	NET	Water		
Wages _____ (name)	GROSS	NET	Phone		
Social Security Disability			Cable		
S.S.I.			Mobile Phone		
Veteran's disability			Car Payment		
Retirement			Gasoline		
Food Stamps			Auto Insurance		
TANF			Home or Renter's Insurance		
Family			Medical + Dental Insurance (<i>out-of-pocket costs</i>)		
Friends			Medical Expenses		
Unemployment			Prescriptions		
Workers Compensation			School Lunches		
Child Support			Groceries		
Other Agencies			Laundry		
Any other income			Child Care		
WIC <input type="checkbox"/> YES <input type="checkbox"/> NO			Child Support		
Medicaid <input type="checkbox"/> YES <input type="checkbox"/> NO			Loans (<i>explain purpose</i>)		
			Credit Card #1		
			Credit Card #2		
Last 30-day Bank Account Statement			Credit Card #3		
Savings Account Balance			Other (<i>explain</i>)		
Total Income			Total Expenses		

Transportation:

Car Information: Model: _____ Year: _____

Does the car belong to you? _____

How do you get to Frisco Family Services? ☐ Family Car ☐ Friend ☐ Walk ☐ Other _____

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Frisco Family Services

POLICIES
PLEASE READ BELOW AND SIGN

Food Market Policy

If you are in need of food assistance, you will be permitted one (1) visit to the food Market prior to meeting with a case manager. After an assessment with a case manager, it will be determined how many food market visits will be allowed. If necessary, you may visit the food market as frequently as once every two weeks; however, visiting the food market less frequently is acceptable. You determine whether you need to visit every other week or less often.

After your final visit, if you are still in need of food assistance, you will be required to set up an appointment with a case manager to discuss your family's continuing needs and to be re-approved for access to the food Market. You should be prepared to explain why you are still experiencing a crisis situation and why receiving emergency food assistance is critical to your transition back to self-sufficiency.

CHAMPS-Challenging Adult Minds for Personal Success

Frisco Family Services (FFS) is committed to equipping you with skills and resources aimed at enhancing your quality of life and promoting self-sufficiency. The CHAMPS program is part of a continuum of services offered by FFS.

As a requirement to receive any services offered by FFS, I understand that I must sign up for and attend a CHAMPS Adult Life Skills Workshop after meeting with a Case Manager and service eligibility has been determined. I further understand that if I do not comply with this requirement, I will forfeit the opportunity to receive the assistance that I am requesting.

Release of Information

I hereby authorize the release of information to Frisco Family Services (FFS) to receive the assistance, I am requesting. I further certify that the information I have stated is true and correct and that all income is reported. I understand FFS may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for Frisco Family Services to discuss my case with other agencies, government entities, businesses churches, attorneys, organizations, societies, hospitals, medical personnel, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information is treated as confidential information by Frisco Family Services.

In consideration of the opportunity afforded me by Frisco Family Services, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Frisco Family Services, or any of its affiliated organizations, or any of their board of directors collectively or individually, or the supplier of any materials or equipment that is used by Frisco Family Services, or any of the volunteer workers, for the injury or death of myself or damage to my property, however caused, arising from my participation with Frisco Family Services. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to myself, or damage to my property, sustained in connection with my participation in any program of Frisco Family Services.

I have read, understood, and agree to the policies described above as they relate to services provided by FFS.

Signature _____

Date _____

FFS Mission Statement: We help members of our communities who are facing hunger, homelessness, and other urgent needs improve their quality of lives and achieve self-sufficiency.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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