



**Self-Certification of Income**

**PLEASE COMPLETE ALL THE FOLLOWING INFORMATION BELOW:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**List all Household Members and Income  
(INCLUDING APPLICANT)**

Last Name	First Name	Relationship	Age	Monthly Income	Hispanic Y/N	Source of income and/or Employer
		<b>SELF</b>				

**\*\*PERSONAL INFORMATION:**

**(Check one in each item)**

- A.  MALE    B.  WHITE     BLACK/AFRICAN AMERICAN     BLACK/AFRICAN AMERICAN & WHITE  
 FEMALE     AMERICAN INDIAN/ALASKAN NATIVE     ASIAN  
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE     ASIAN & WHITE  
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER     BALANCE/OTHER  
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN

- C. **ETHNICITY (ARE YOU)**    D. **DISABLED (Are you or any household member disabled?)**    E. **IS OWNER/BORROWER WOMAN HEAD OF HOUSEHOLD (Is the head of household a WOMAN?)**  
 HISPANIC     YES Name \_\_\_\_\_     YES  
 NON-HISPANIC     NO     NO

\* **TOTAL NUMBER OF FAMILY MEMBERS** \_\_\_\_\_ **(Include Yourself, Spouse, Children, etc.)**

**Total Anticipated Annual Household Income:** \_\_\_\_\_

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.**

For use by funding agency: Household Size: _____ Income Limit: _____ Person Making Determination: _____	Annual Income: _____ Is Applicant Eligible: _____ Date: _____
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# EMERGENCY FOOD AND SHELTER

## NATIONAL BOARD PROGRAM

### PHASE 41-FUNDS

I certify that my family is presently experiencing an emergency need for food/shelter/utility payments.

I further certify (if accepting utility rent or mortgage payment) that I have not applied, nor will I apply, to any agency for another such payment from Emergency Food & Shelter Program funds during the period of:

**October 1, 2022-December 31, 2024**

In accepting assistance through the Emergency Food Shelter National Board program, I give consent for this declaration to be correlated with all participating agencies in order to assure the most effective use of available funds.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Identification Number  
SS# or TDL# TXID# OTHER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip Code

Collin County       Denton County

**Frisco Family Services**

#### Agency Use Only

Assistance provided and amount:

\_\_\_\_\_ \$ \_\_\_\_\_ Rent- \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Water – Gas – Electric \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Water – Gas – Electric \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Water – Gas – Electric \_\_\_\_\_

Date entered: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



APPLICATION FOR ASSISTANCE (updated September 2024)

Please Print

Date: \_\_\_\_\_ Client Number \_\_\_\_\_
New Return

Full Name (First, Middle Initial, Last) Gender
Street Address Apt. # Apt. Name
City, State, Zip Code County
Home Phone: ( ) - Wk. Phone: ( ) - Cell Phone: ( ) -
What is the best way to contact you (check all that apply)? Home Email Cell
Do you give FFS permission to text you (data rates may apply)? Yes No
Date of Birth mm-dd-yyyy Age Race Hispanic -Yes No
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 have you lived at your current address: Years Months
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 Total Number of People on your lease (including occupants)

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

Table with 10 columns: 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 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. 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:
Date FM was provided: Was ID copied? YES NO Additional resources provided? YES NO
Date & time of appt: Caseworker:



# Frisco Family Services

9111 Dogwood St. • Frisco, Tx 75034 972-335-9495

The following documentation **is required**. It is necessary to provide copies of one **current month** of expenses and income. Failure to bring required documents to your scheduled appointment 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.

## 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 (include 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 affects 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 your documents on the date of your appointment, or your appointment may be rescheduled.**

Client Name: \_\_\_\_\_ Client # \_\_\_\_\_

Date & Time of Apt: \_\_\_\_\_ 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? \_\_\_\_\_

What are your plans to prevent this crisis from recurring? \_\_\_\_\_

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				
Current				
Past				
Past				

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

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

## Total Household Income & Expense Report

Monthly Income	Monthly Amount		Monthly Expenses	Monthly Amount	Total Owed or Overdue
	GROSS	NET			
Wages (adult #1)			Housing (Mortgage or Rent)		
Wages (adult #2)			Electricity		
Wages (adult #3)			Gas		
Wages (adult #4)			Water		
Wages (adult #5)			Phone		
Social Security Disability			Cable		
S.S.I			Mobile Phone		
Veteran's disability			Car Payment		
Retirement			Gasoline		
Food Stamps/SNAP			Auto Insurance		
TANF			Home or Renter's Insurance		
Family			Medical + Dental Insurance (out of pocket costs)		
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 (explain purpose)		
			Credit Card #1		
			Credit Card #2		
Last 30-day Bank acct Statement-Required			Credit Card #3		
Savings acct balance			Other (explain)		
<b>Total Income</b>			<b>Total Expenses</b>		

### Transportation:

Car Information: Model: \_\_\_\_\_ Year: \_\_\_\_\_

Does the car belong to you? \_\_\_\_\_

How do you get to Frisco Family Services? (Circle one below):

Family Car    Friend    Walk    Other \_\_\_\_\_

**Frisco Family Services**  
**POLICIES**  
**PLEASE READ BELOW AND SIGN**

**Market Policy**

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If you need food assistance, you will be permitted (1) visit to the Market prior to meeting with a case manager. After an assessment with a case manager, it will be determined how many pantry visits will be allowed. If necessary, you may visit the Market as frequently as once every two weeks; however, visiting the 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 need and to be re-approved to continue using the Market. You should be prepared to explain why you are still experiencing a crisis and why receiving emergency food assistance is critical to your transition back to self-sufficiency.

**CHAMPS- Challenging Adult Minds for Personal Success**

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Frisco Family Services 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 receiving 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**

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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.

I give Frisco Family Services permission to use photographs of myself or anyone listed on my application for the purpose of promotion of Frisco Family Services in the community and in the media.

*I have read, understood, and agree to the policies described above as they relate to services provided by Frisco Family Services and Release of Information.*

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](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](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*