APPLICATION FOR FUNDS/SERVICES AND CONSENT FOR RELEASE OF INFORMATION

Return to Clothes Closet -
1968 Mesquite Ave.
If not here drop in mail box in front

Name: _____Date: _____

Additional Family Members Living with you: _____

Phone # _____Email:_____ Male or Female_____

City Live In _____ Date of Birth_____ Are you a Veteran Y/N_____

Living Situation (please circle)

Own Rent Motel Live w/Family Couch Surfing RV Car Tent Under the Stars

Are You: Single Married Widowed Separated Divorced

Do you have Children? Y/N (If yes) Names and ages_____

_____

Do You Receive AHCCCS? Y/N _____ Food Stamps Y/N_____ Social Security Disability Y/N _____

Income amount: _____ Source:_____

Do you have a case worker? if Yes, whom: _____

Amount of Funds Requested $ _____

While we cannot guarantee services, we are committed to assisting you in the best way possible.
Please clearly describe the services you are requesting and explain the reason for your request, providing specific details about your needs.

Do you have a plan to pay bills next month and after? (use back of sheet)