



FLAGLER COUNTY HUMAN SERVICES
APPLICATION FOR ASSISTANCE

Referred by: \_\_\_\_\_

Applicant (or parent/guardian) Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate # (if applicable): \_\_\_\_\_

I have lived at my current address since: Month: \_\_\_\_\_ Year: \_\_\_\_\_

I have lived in Flagler County since: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: [ ] Male [ ] Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Were you born in the U.S.? [ ] Yes [ ] No If no, provide Permanent Resident #: \_\_\_\_\_

Are you a Veteran? [ ] Yes [ ] No

Is your spouse/significant other a veteran? [ ] Yes [ ] No

Marital Status: I am currently:

[ ] Single (never married) [ ] Married [ ] Widowed

[ ] Separated/Date \_\_\_\_\_ [ ] Divorced/Date \_\_\_\_\_

List maiden or other names you have used: \_\_\_\_\_

Are you covered by any of the following? [ ] Yes [ ] No

[ ] Medicaid [ ] HMO [ ] Health Dept. Primary Care [ ] Medicare

If yes, Part B? \_\_\_\_\_

[ ] Medicaid Share-of-Cost [ ] VA [ ] Group or Individual Insurance Part D? \_\_\_\_\_

If yes, what is share? \_\_\_\_\_

Please check the correct box for the following:

- Food Stamps [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied
DCF Cash Assistance [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied
Medicaid or Medically Needy Program [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied
Social Security Disability or SSI [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied
Vocational Rehabilitation Services [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied
Veterans Administration Benefits [ ] Receiving [ ] Did Not Apply [ ] Pending [ ] Denied

**HOUSEHOLD INFORMATION**

**Total # of people living at this address:** \_\_\_\_\_ **How many of them are related to you?** \_\_\_\_\_

**For the purposes of this application, two unmarried individuals who have a child in common and share a household will be considered as a family unit. Two unmarried individuals who present themselves as a couple who are living together, combining incomes and sharing expenses will also be considered as a family unit.**

Please complete for **all people** living in the household:

Name	Social Security Number	Relationship to you	Date of Birth	Employed?	In School?
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

**Please identify the average monthly expenses for your household unit:**

- Rent \$ \_\_\_\_\_
- Mortgage \$ \_\_\_\_\_
- Electric bill \$ \_\_\_\_\_
- Water bill \$ \_\_\_\_\_
- Home Phone \$ \_\_\_\_\_
- Cellular Phone \$ \_\_\_\_\_
- Cable/Satellite \$ \_\_\_\_\_
- Propane \$ \_\_\_\_\_
- Food \$ \_\_\_\_\_
- Car Payment \$ \_\_\_\_\_
- Car Insurance \$ \_\_\_\_\_
- Credit Cards \$ \_\_\_\_\_
- Loans \$ \_\_\_\_\_
- Furniture Payments \$ \_\_\_\_\_
- Child Support paid out \$ \_\_\_\_\_
- Child Care \$ \_\_\_\_\_
- Gas for Transportation \$ \_\_\_\_\_
- Medical Expenses \$ \_\_\_\_\_
- Other Expenses \$ \_\_\_\_\_

**Name of property owner:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

→ → Explain: \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_ **(We can add this up for you.)**

**LIST THE AVERAGE MONTHLY GROSS (before any deductions) INCOME HOUSEHOLD RECEIVES:**

Source	Amount	Source	Amount	Source	Amount
Job		Child Support		Church Assist	
Unemployment		Family		Agency Assist	
Social Security		Friends		DCF Cash Asst	
Children SS		School Grant		IRA/401(k)	
Workers Comp		Odd Jobs/Under Table		E-Bay/Sales	
VA Benefits		Income Tax		Food Stamps	
Pensions		Babysitting		Other	

**APPLICANT EMPLOYMENT INFORMATION:**     Employed     Unemployed     Retired

If employed, is your position:     Full time     Part time     Seasonal     Self Employed

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Work: \_\_\_\_\_

How long employed at this job? \_\_\_\_\_ *(if less than 3 months, fill out employment history below)*

If unemployed, state reason:     Terminated     Laid Off     Disabled     Quit  
 Nature of Disability: \_\_\_\_\_ Reason for Quitting: \_\_\_\_\_

**SPOUSE/COMPANION EMPLOYMENT INFO:**     Employed     Unemployed     Retired

If employed, is your position:     Full time     Part time     Seasonal     Self Employed

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Work: \_\_\_\_\_

How long employed at this job? \_\_\_\_\_ *(if less than 3 months, fill out employment history below)*

If unemployed, state reason:     Terminated     Laid Off     Disabled     Quit  
 Nature of Disability: \_\_\_\_\_ Reason for Quitting: \_\_\_\_\_

**APPLICANT EMPLOYMENT HISTORY: (Complete if less than 3 months at current job or if unemployed.)**

Employer	Date(s) Worked	Job Title	Reason(s) for Leaving

**SPOUSE/COMPANION EMPLOYMENT HISTORY**

Employer	Date(s) Worked	Job Title	Reason(s) for Leaving

**ASSETS**

Primary Vehicle: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
(Year, Make & Model)

Spouse/Companion's Vehicle: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Owe: \$ \_\_\_\_\_  
(Year, Make & Model)

List other vehicles such as boat, motorcycle, travel trailer: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Owe: \$ \_\_\_\_\_

**Do you own any real estate?**  yes  no **Where?** \_\_\_\_\_ **How many properties?** \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ Balance Owed: \$ \_\_\_\_\_  
Mortgage Held by: \_\_\_\_\_  
Location & Description: \_\_\_\_\_

EBT/Cash Card Account	\$ _____	Bank: _____
Checking Account	\$ _____	Bank: _____
Savings Account	\$ _____	Bank: _____
Money Market Account	\$ _____	Bank: _____
CD's/IRA's	\$ _____	Bank: _____
Stocks/Bonds	\$ _____	
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	

**Have you or your spouse/companion closed any accounts in the past year?**  Yes  No  
If YES, explain \_\_\_\_\_

**CHAPTER 837.06**

*"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable by imprisonment according to Florida Statute 775.082."*

*I understand that there is a law providing for the imprisonment/fine of anyone withholding or giving false information in regard to receiving assistance.*

I certify that I understand the information contained in this application, have answered all questions correctly and that all requested information is due to case manager **within 10 business days from today or case will be closed.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For data collection purposes, please indicate: (Completion of this section is optional)			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White/Caucasian		
<input type="checkbox"/> Am. Indian/Alaskan Native & Black/Afr. Am.	<input type="checkbox"/> Native Hawaiian/Alaskan Native & White		
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other Multi-Racial		
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Black/African American			
<input type="checkbox"/> Black/African American & White			
Have you ever been homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<table border="1"> <tr> <td><input type="checkbox"/> Hispanic</td> </tr> <tr> <td><input type="checkbox"/> Non-Hispanic</td> </tr> </table>		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Non-Hispanic			