

**Rockwall County Helping Hands
Application for Assistance**

Date: ____ / ____ / ____

Last name _____ First name _____ Middle name _____

Date of Birth _____ Primary Household Phone: _____

Apt. complex / Housing addition: _____

Email: _____

Street address: _____ Apt./Lot _____

City: _____ County: _____ State: _____ Zip code: _____

(see demographic codes below)

Gender: M/F	Race/Ethnicity	Marital Status
Education Level Completed	Relationship to Applicant	Income
Veteran? Yes No	Disabled? Yes No	

Demographic codes to use when filling in the following categories:

RACE/ETHNICITY:
AA/B African American/Black **H/L** Hispanic/Latino **W** White/Caucasian **N** Native American
T Two or More **O** Other

MARITAL STATUS:
S Single **M** Married **D** Divorced **Sp** Separated **W** Widowed
D Domestic Partner **C** Common Law

EDUCATION LEVEL COMPLETED:

HD High School Diploma or GED	H9-12 High School (Grades 9-12)
A Associates' Degree	B Bachelor's Degree
M Master's Degree	D Doctorate Degree
T Trade/Technical School	M Middle School (Grades 5-8)
E Elementary School (Grades 1-5)	N None

COMPLETE A SECTION FOR EACH PERSON LIVING IN THE HOUSEHOLD

First Name	Last Name	Date of Birth
Gender: M/F	Race/Ethnicity (see code)	Marital Status (see code)
Education Level Completed	Relationship to Applicant	Income
Veteran? Yes No	Disabled? Yes No	Cell Phone

First Name	Last Name	Date of Birth
Gender: M/F	Race/Ethnicity (see code)	Marital Status (see code)
Education Level Completed	Relationship to Applicant	Income
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HOUSEHOLD BUDGET
EXPENSES FOR ALL HOUSEHOLD MEMBERS MUST BE INCLUDED.

EXPENSES

EXPENSES	HOUSEHOLD MONTHLY TOTALS	SPACE FOR STAFF USE
Rent/Mortgage (circle one)		
Electricity		
Gas (Atmos, Propane)		
Water		
Telephone (Home)		
TELEPHONE (CELL)		
Cable/Satellite TV		
Internet Access		
Car Payment		
Car Insurance		
Gasoline/Car Repairs		
Credit Card Payments		
Health Insurance		
Life Insurance		
Food		
Medical/Prescriptions		
Loans		
Storage Rental		
Entertainment		
Tobacco/Alcohol		
Child Support/Daycare		
Probation Fees		
Fines/Tickets		
Other		
Total Expenses		

INCOME

TOTAL HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS

MONTHLY INCOME? NONE: WAGES \$ _____ SSI \$ _____ RETIREMENT \$ _____
 DISABILITY \$ _____ FAMILY \$ _____ SNAP \$ _____ CHILD SUPPORT \$ _____
 CASH \$ _____ TANF \$ _____ HOUSING VOUCHER \$ _____
 SELF-EMPLOYMENT \$ _____

Is anyone receiving WIC: Yes No

Please list any other sources of income:



Consent Form

Information Consent/Release

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that falsified statements on this application will be grounds for denial of assistance.

I, _____, authorize Rockwall County Helping Hands to verify or document all statements contained herein, and I authorize any agencies/organizations/vendors contacted by Rockwall County Helping Hands to provide any and all information concerning my employment, income, assets, benefits and any other information, personal or otherwise, to Rockwall County Helping Hands. I authorize Rockwall County Helping Hands to obtain /to release information to/from any other agencies involved in my application, request for, and provision of assistance.

I understand that information will only be requested and/or released if Rockwall County Helping Hands needs to verify information and/or works with another assistance entity in trying to meet my need for assistance or upon request by law enforcement agencies.

Photography Consent

I hereby grant to Rockwall County Helping Hands the right, without fee, to make and use video tape recordings/still photographs of me in connection with the subject production in any manner or form and for any lawful purpose at any time. I waive the right that I may have to review or approve the finished product, or to the use to which it may be applied. I release and discharge Rockwall County Helping Hands from any liability to me by virtue of any representation that may occur in the making or editing of said video tape recordings/photography.

Release of Information to Sponsor

I understand that my name, information about household members, phone numbers, address and other information may be shared with a business, organization, church, family, or other entity (sponsor) to the extent necessary to obtain special program assistance for my family. I give permission to Rockwall County Helping Hands to share my personal information with a sponsor/potential sponsor as necessary to obtain special program assistance for my family.

I have read this agreement before signing below and warrant that I fully understand its contents.

Signature

Date



Release of Liability Pantry

I understand that it is my responsibility to thoroughly wash all fresh fruit and vegetables.

I understand that it is my responsibility to carefully examine all food to make sure it is safe for consumption.

I understand that the policy of the Rockwall County Helping Hands food pantry is based on consideration of USDA guidelines.

I hereby release Rockwall County Helping Hands from all liability for the soundness/quality of the food I accept for myself and for my household today and in the future.

(Signature)

(Date)

(Printed Name)

What Do You Need Help with Today?

Food? Yes No

Gas (Atmos) Yes No Amount Needed: \$ _____

Water Yes No Amount Needed: \$ _____

Electric Yes No Amount Needed: \$ _____

Propane Yes No Amount Needed: \$ _____

Rent/Mortgage Yes No Amount Needed: \$ _____

Other (Please explain and include the amount needed)

Asistencia Necesaria Hoy

Comida? Si No

Gas (Atmos) Si No Cantidad Necesaria: \$ _____

Agua Si No Cantidad Necesaria: \$ _____

Elèctrico Si No Cantidad Necesaria: \$ _____

Propano Si No Cantidad Necesaria: \$ _____

Renta/Hipoteca Si No Cantidad Necesaria: \$ _____

Otro (Por favor explique e incluya importe)