

Date \_\_\_\_\_ Advocate \_\_\_\_\_ Advocate \_\_\_\_\_ R# \_\_\_\_\_

**Basic Information**

Name \_\_\_\_\_ D/O/B \_\_\_\_\_ Spouse \_\_\_\_\_ D/O/B \_\_\_\_\_

No. of Children \_\_\_\_\_ Ages \_\_\_\_\_

Other Adults \_\_\_\_\_

Phone No. Cell \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_ Time at this address \_\_\_\_\_

Complex Name \_\_\_\_\_ Manager \_\_\_\_\_ Phone \_\_\_\_\_

**Current Situation**

Major cause of current crisis:

Notes:

**Finances**

<u>Income:</u>	<u>Help Needed:</u>
<u>Wages</u> _____	<u>Rent</u> _____
<u>Wages: spouse, other</u> _____	<u>Utilities</u> _____
<u>Food Stamps/SNAP</u> _____	<u>Prescriptions</u> _____
<u>Child Support</u> _____	<u>Other</u> _____
<u>SSA, SSI, SSDI</u> _____	<u>Utility Company</u> _____
<u>TANF/WIC</u> _____	<u>Account #</u> _____
<u>Unemployment</u> _____	
<u>Other</u> _____	
<b>Total Monthly Income</b> _____	
<b>Cash on hand</b> _____ \$ _____	<b>Help from Family/Friends or other Resources</b> _____