

Template for Hotline Calls

Name: _____

Address: _____

Apt, Mgr, Phone _____

Phone: _____

DOB: _____

Others in household: _____

Employer: _____

Occupation: _____

Referred By: _____

Parish: _____

Income: _____

Wages _____

TANF _____

Food Stamps _____

Vet benefits _____

SSI/SSDI _____

Workers Comp _____

Child support _____

Medical/CHIP _____

WIC _____

Subsidized Housing _____

Other _____

Expenses: _____

Rent/Mortgage _____

Food _____

Electricity _____

Water _____

Gas _____

Telephone _____

Health Insurance _____

Car Pmt _____

Car Insurance _____

Medical _____

Child care _____

Credit Cards/Loans _____

Internet/Cable _____

Other _____