



RELIEF SERVICES

Today's date:

Client's last Name:

First Name:

Middle Initial:

Date of Birth: ____/____/____

Address:

Apt#: ____ City: _____ State: _____ Zip Code: _____

Phone:

Email:

FEMA Registration # _____

Damages: Dwelling Personal Property Vehicle

Documents provided by the client: Photo ID Documentation of Damages: FEMA documentation stating damages Home/Rental Insurance

ASSISTANCE REQUESTED: Food Clothing Cleaning Supplies Diapers/Wipes Baby Formula Rent Mortgage
 Temporary Housing Permanent Housing Utilities Home Repairs Furniture Appliances Transportation
 Prescriptions/Medications Childcare Replacement documents (Photo ID/Birth Certificate) FEMA Appeal
 Information/Resources OTHER: please specify

Describe damage or loss during the recent disaster:

Have you appealed a FEMA denial?

___ Yes ___ No

Have you applied for Unemployment?

___ Yes ___ No

If awarded Unemployment,

Start date _____ Amount: \$ _____

If yes, date of appeal _____

Have you received financial services of any kind from other non-profit organizations since the disaster? Specify where and what assistance you received. *Failure to disclose can result in denied assistance at NAM.*



NAM CLIENT APPLICATION FOR SERVICES FORM

Today's date: _____

Client's last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: ____/____/____

Gender: ____ Male ____ Female ____ Transgender

Marital Status (check one): ____ Single ____ Divorced ____ Widowed ____ Common Law
 ____ Married & living with spouse ____ Married and NOT LIVING with spouse

Referred to NAM by: (check one) ____ Social Service Agency ____ Family/Friend ____ School
 ____ Medical Provider ____ NAM advertisement ____ Congregation or Church ____ Law
 ____ Enforcement Agency ____ Facebook

Head of Household:(check one) ____ Yes ____ No

Address: _____ Apartment # _____ City : _____ State: _____ Zip Code: _____

Cell phone: () _____ - _____

Home phone: () _____ - _____

Email: _____

Person to contact in case of an emergency: Name: _____

Telephone #: () _____ - _____

Ethnicity: ____ Hispanic/Latino ____ Non-Hispanic/Latino

Race: (check one) ____ White (Caucasian) ____ Black/African American
 ____ American Indian/Alaskan Native ____ Native Hawaiian/Pacific Islander ____ Asian & White ____ Biracial/Multiracial

Are you disabled (check one)

____ Yes ____ No

Are you a Veteran (check one)

____ Yes ____ No

Honorable Discharge ____ Yes ____ No

Current living situation: ____ Rental Housing ____ Own ____ Emergency Shelter ____ Homeless
 ____ Living with Relatives/Friends

Family Type: (check one) ____ Single person ____ Two Parents ____ Single Parent/Female ____ Single Parent/Male ____ Multi-family
 ____ Adults only

Employed: (check one)

____ Yes ____ No

____ Full-time ____ Part-time

GENERAL RELEASE OF INFORMATION

Northwest Assistance Ministries (NAM) has my permission to enter my personal and household information on a central data storage bank residing with Northwest Assistance Ministries. Specific personal and family information is confidential. It is understood such confidential information may be shared with other departments within Northwest Assistance Ministries. General statistical information collected by NAM may be utilized for the purpose of obtaining grants or funding for Northwest Assistance Ministries. As an applicant for NAM services, I do hereby give permission to obtain and release personal information regarding my case to other agencies/ companies as deemed necessary to further assist my household in accessing services and to funding sources for reporting purposes. Information requested and/or released may include, but, is not limited to the following: (1) services provided to or requested from the household by NAM and other agencies 2)proof of household income, residency, household members and 3) employment, education and medical status. All information obtained is confidential with the exception of the following: 1) the disclosure of, or suspicion of, , child, elder, or disabled abuse or neglect, 2)information requested as a result of a subpoena, 3) threats or suspicion of intent to do harm to self or others, or other's intent, and 4) information shared as a result of the client's signed release of information statement. As part of ensuring that you receive the best possible services, your case may be staffed with NAM for consultation and processing purposes.

PARTICIPANT RIGHTS AND RESPONSIBILITIES FOR FOOD ASSISTANCE

"Standards for participation in the NAM Food Program are the same for everyone regardless of race, color, national origin, age, sex or disability. You may appeal any decision made by NAM regarding your denial or termination from the Food Program. If your application is approved, NAM will make nutrition education available to you and you are encouraged to participate."

BEHAVIOR

I understand I will become ineligible for services if I use violence, verbal abuse, threats or coercion with any NAM staff member, volunteer, client, my children or community referrals.

CERTIFICATION OF INFORMATION AND PROSECUTION

I certify that I am a member of the household listed above and that on behalf of this household I have applied for services at NAM and USDA Products. I certify that all information regarding my household is true to the best of my knowledge and belief. I understand that information will be verified to the extent possible and that I may be subject to denial of service and/or prosecution for providing false or fraudulent information.

Applicant's Printed Name:

Applicant's Signature:

Date:

Co-applicant's Printed Name:

Co-applicant's Signature:

Date:

NAM Staff Signature:

Date:

Monthly Household Income		
Income for the past 30 days		
Gross Earned Income (before deductions) :\$	Utility Subsidy: \$	Family/Friend Contributions: \$
SSI: \$	Short Term Disability:\$	Church Contributions: \$
Social Security Retirement Benefits: \$	Long Term Disability:\$	Income from Odd Jobs: \$
Social Security Survivors Benefits: \$	Unemployment Benefits: \$	Pell Grant: \$
Social Security Disability Benefits: \$	Worker's Compensation Benefits: \$	Insurance payments: \$
SNAP:\$ Date Received:	Military Allotment: \$	Annuity Payments: \$
TANF: \$	Military Pay: \$	Inheritance: \$
CHIPS: ___ Yes ___ No	Veteran's Benefits: \$	Railroad Retirement: \$
Medicaid: ___ Yes ___ No	Child Support: \$	Tax Refund: \$
WIC: ___ Yes ___ No	Alimony: \$	Retirement Benefits: \$
Housing Subsidy: \$	Self Employment Income: \$	Other Sources: \$
		Gross Household Income: \$

Do not include yourself. Household Members - List each person in your household.

1. First Name: _____ **Middle Name:** _____ **Last Name:** _____
Gender: Male Female **Date of Birth:** ____/____/____ **Relationship to the Applicant:** _____
Race: _____ White Caucasian _____ Black/African American _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ Biracial/Multiracial
Ethnicity: Hispanic: Non-Hispanic **Disable:** Yes No **Veteran:** Yes No
Employed: Yes No If yes, Full-time Part-time Child Under 18

2. First Name: _____ **Middle Name:** _____ **Last Name:** _____
Gender: Male Female **Date of Birth:** ____/____/____ **Relationship to the Applicant:** _____
Race: _____ White Caucasian _____ Black/African American _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ Biracial/Multiracial
Ethnicity: Hispanic: Non-Hispanic **Disable:** Yes No **Veteran:** Yes No
Employed: Yes No If yes, Full-time Part-time Child Under 18

3. First Name: _____ **Middle Name:** _____ **Last Name:** _____
Gender: Male Female **Date of Birth:** ____/____/____ **Relationship to the Applicant:** _____
Race: _____ White Caucasian _____ Black/African American _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ Biracial/Multiracial
Ethnicity: Hispanic: Non-Hispanic **Disable:** Yes No **Veteran:** Yes No
Employed: Yes No If yes, Full-time Part-time Child Under 18

4. First Name: _____ **Middle Name:** _____ **Last Name:** _____
Gender: Male Female **Date of Birth:** ____/____/____ **Relationship to the Applicant:** _____
Race: _____ White Caucasian _____ Black/African American _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ Biracial/Multiracial
Ethnicity: Hispanic: Non-Hispanic **Disable:** Yes No **Veteran:** Yes No
Employed: Yes No If yes, Full-time Part-time Child Under 18