

DATE: \_\_\_\_\_

Amended - 10/05/16

### EMERGENCY ASSISTANCE APPLICATION JESUS CARES MCNAIRY COUNTY

FIRST NAME: \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

BIRTHDAY \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_/\_\_\_/\_\_\_ VETERAN? \_\_\_YES \_\_\_NO

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST PHONE# \_\_\_\_\_ OR \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

How long have you lived in McNairy county? \_\_\_\_\_ At this address? \_\_\_\_\_

Have you or anyone in your household received assistance from Jesus Cares before? \_\_\_YES \_\_\_NO

**LIST ALL HOUSEHOLD MEMBERS AND CURRENT INCOME – USE BACK IF NECESSARY/ Food Stamps are considered income**

NAME	DOB	SEX	RELATIONSHIP	INCOME	SOURCE
1. CLIENT	-----	-----	-----		
CLIENT FOOD STAMPS, IF APPLICABLE _____					
2.					
3.					
4.					
5.					
6.					

HOW CAN WE HELP YOU? \_\_\_\_\_

\_\_\_\_\_ ELECTRIC (PEC NOTIFIED – WHO) \_\_\_\_\_ WHEN \_\_\_\_\_

\_\_\_\_\_ UTILITIES (SUD/AUD NOTIFIED – WHO) \_\_\_\_\_ WHEN \_\_\_\_\_

\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

Please record any pertinent information about the client or their request on the back of this form, if needed.

**Jesus Cares does not give cash.** A copy of the bill(s) for which you are seeking assistance must be attached to this form.

We encourage you to attend church services at the church of your choice. Your relationship with JESUS is the MOST important relationship you will ever have.

CHURCH MEMBERSHIP? \_\_\_\_\_

**The information that I have provided is true and correct to the best of my knowledge. I give permission to Jesus Cares to communicate with service providers and resources in an effort to verify the information in this application and to provide advocacy and case management assistance. I understand that my consent automatically expires after one year or sooner at my written request. I agree not to hold Jesus Cares liable for any release of information during active status of this application or signed release. I understand that providing incorrect or incomplete information may result in being denied assistance.**

Client signature \_\_\_\_\_

Staff signature \_\_\_\_\_

FOR OFFICE USE ONLY \_\_\_\_\_

APPROVED - IF NOT, WHY? \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

