

Family Connection Center Crisis Prevention Participant Application

Fecha/Date _____

First, Middle, & Last
Primer Nombre, Segundo y Apellido

Social Security Number
Numero de Seguro Social/ ITIN

Date of Birth
Fecha de Nacimiento

Gender/Race
Genero/ Raza

Street Address
Direccion

City & Zip Code
Ciudad y Codigo Postal

Phone Number
Numero de Telefono

Active Military
Servicio Militar Activo

What is your monthly Rent/Mortgage? Highest Grade Level Completed (Please Check one)

\$ _____
Cuanto es su renta o pago de casa mensual?

_____ Nivel De educacion

Is your rent subsidized?
No
Es su renta Subvencionado?

Yes/Si Non Graduate _____ GED _____
No Graduado Diploma de Educacion General

If Yes, your actual monthly rent
\$ _____

Si es subvencionada cuanto es su renta actual?

High School Diploma _____ Post-Secondary _____
Secundaria Universidad

Are utilities included? Yes / Si
No

Incluye utilidades?

Marital Status (Please Check One)
Estado Civil (Marque uno)

Single _____ Married _____

Divorced _____
Soltero/a Casado/a Divorciado/a

Separated _____ Widowed _____
Partner _____
Seperado Viudo/a Pareja

Dwelling Type (Please Check One)
Tipo Alojamiento

Apartment _____ Duplex _____
Apartamento Duplex

Mobile Home _____ Rent Home _____
Casa Movil Casa Rentada

Own Home _____ Shelter _____
Casa Propia Refugio

Family Size

Self _____ Spouse/Partner _____
Si Mismo Conyuge/Pareja

Children (Indicate Number)
Hijos (indica el numero)
Boys _____
Varones
Girls _____
Hembras

Please list any forms of income you receive for all members of household (write Zero if no income)

Favor de escribir todos ingresos recibidos por todos miembros del hogar (Escribe cero si no hay ingresos)

Employment (Self)
\$ _____
Empleo por si Mismo

Family Type (Please Check One)
Tipo de Familia (Marque uno)

Married (with children) _____
Casado/a (con ninos)

Foster Parent _____
Padre de Crianza

Multiple Adults (with children)

Living Arrangements (Please Check One)

Situacion de Vivienda (Marque uno)

Rent _____
Renta

Rent (Subsidized)

SSI/SSD

\$ _____

Seguro Social/Disabilidad

Alimony

\$ _____

Pension Ahmenticia

TANF

\$ _____

Beneficios de Asistencia Social

Child Support

\$ _____

Mantimiento de Hijos

Employment

Empleo

(Spouse/Partner)

\$ _____

(Conyuge/Pareja)

Social Security

\$ _____

Seguro Social

Unemployment

\$ _____

Desempleo

Other / Otro

\$ _____

TOTAL MONTHLY INCOME

\$ _____

Todo Ingreso Mensual

FOOD STAMPS

\$ _____

Estampillas para Comida

Multiple Adults (with children) _____
Varias Adultos (con ninos)

Single Parent (with children) _____
Padre Soltero/a (con ninos)

Multiple Adults (no children) _____
Varias Adultos (sin ninos)

Single Parent (with no children) _____
Padre/Madre soltero/a (sin ninos)

Single Adult (no children) _____
Adulto Soltero (sin ninos)

Grandparents _____
Abuelos

Married (no children) _____
Casado /a (sin ninos)

Rent (Subsidized) _____
Renta Subvencionado

Own _____
Casa Propia

Living w/Friends _____
Vive con Amigos

Living w/Family _____
Vive con Familia

Homeless _____
Sin Hogar

Transitions/Shelter _____
Transicion/ Refugio

**Do you or your family member
have Medical Insurance?**

Tiene aseguranza medica para usted o su familia?

Self ___ Spouse ___ Children ___
Si mismo Esposo/a Hijos

**Do you or your family member
have Medicaid?**

Usted o su familia tiene Medicaid?

Self ___ Spouse ___ Children ___
Si mismo Esposo/a Hijos

Name of Current Employer

Nombre del Empleador

Hourly

Average hours per week ___ Wage ___
Promedio de horas trabajadas semanales Salario por hora

Full Time ___ Part Time ___ Seasonal ___
Tiempo completo Tiempo Parcial Temporada

Average Overtime ___
Cantidad de Horas Extras

If not employed, what are you actively doing to find
employment?

Si no esta empleado, que hace para conseguir trabajo?

How long have you been unemployed?

Cuanto tiempo tiene sin empleo?

CHILDREN LIVING WITH YOU

Ninos viviendo con Usted

First, Middle, & Last

Primer Nombre,segundo y Apellido

Date of Birth

Fecha de Nacimiento

Age

Edad

Gender/ Social Security

Race Number /ITIN

Genero/Raza Numero de Seguro Social

Do you have legal

custody?

Tiene Custodia Legal?

SPOUSE/PARTNER INFORMATION

Información sobre Conyuge/Pareja

First, Middle, & Last Primer nombre, Segundo Apellido	Date of Birth Fecha de Nacimiento	Gender Genero	Race Raza	Active Military Servicio Militar Activo	Social Security Number Numero de Seguro Social / ITN
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**Education (Please
Check One)**

Educacion (Marque uno)

Non Graduate/
No Graduado/a
____ GED/Diploma de

Educacion General _____

H/S Graduate/Graduo

Secundaria _____

Post-

Secondary/Colegio _____

Other/Otro _____

Employment Information

Informacion sobre El Empleo

Name of Current Employer: _____
Nombre del Empleador

Average Hours per week: _____ Hourly Wage _____
Horas promedias trabajadas semanales Sueldo Por Hora

Average Overtime: _____
Promedio de Horas Extras

If not employed, What are you doing to find employment?

Si no esta empleado/a, que hace para conseguir trabajo

How long have you been unemployed? _____
Cuanto tiempo tiene sin empleo?

Please describe your current situation (In Detail)

Favor de describir su situacion coriente (con detalles)

125 % of Poverty			150 % of Poverty		
Size Tamavo	Monthly Mensual	Yearly Anual	Size Tamavo	Monthly Mensual	Yearly Anual
1	\$1,238	\$14,850	1	\$1,485	\$17,820
2	\$1,669	\$20,025	2	\$2,003	\$24,036
3	\$2,100	\$25,200	3	\$2,520	\$30,204
4	\$2,531	\$30,375	4	\$3,038	\$36,456
5	\$2,963	\$35,550	5	\$3,555	\$42,660
6	\$3,394	\$40,725	6	\$4,073	\$48,876
7	\$3,826	\$45,913	7	\$4,591	\$55,092
8	\$4,259	\$51,113	8	\$5,111	\$61,335
Add \$423 for monthly, \$5,075 for yearly for each additional family member over 8.			Add \$508 for monthly, \$6,090 for yearly for each additional family member over 8.		

Federal Poverty Guidelines

Agencies you have received assistance from (Include Amounts and Dates)

Agencias de donde ha recibido asistencia (incluye cantidades y fechas)

This information will be shared with other agencies to avoid any misuse of the program.

Esta Informacion sera compartido con otras agencias para prevenir el abuso del programa

I give Family Connection Center permission to contact DWS or any other Agencies for verification purposes advocacy and referrals. This release is valid for 12 months unless revoked in writing. I agree not to hold Family Connection Center and its staff liable for any incidents, discrepancies or repercussions that may occur. I certify that the information heron is correct to the best of my knowledge and understand giving false information is ground for refusal of assistance.

Please Initial you have read and understand the statement: _____

Applicants Signature: _____ Date: _____

Doy permiso al Family Connection Center para comunicarse con el Departamento de Servicios de Trabajadores (DWS) o cualquier otras agencias para verificación, Apoyo, y Referencias. Este Permiso será valido por 12 meses o hasta que sea revocado por escrito. Estoy de acuerdo de no hacer culpable a Family Connection Center y sus empleado por cual quier accidentes, incidentes, ni repercusiones que pueden ocurrir. Certifico que la información es correcta que yo sepa y que dar información falsa es razón para negar asistencia.

Por favor de poner sus iníciales indicando que lo ha leído:

Firma del
 Aplicante: _____ Fecha: _____

Income

Expenses

	Monthly Amount Column 1		Monthly Amount
Primary Income/ Empleo			Rent/Mortgage Pago de Renta/ Casa
Secondary Income			Utilities/Electric/ Luz
TANF /Asistencia financiera			Utilities/Water Agua
SSD/SSI/Seguro social			Utilities/Gas
Unemployment Desempleo			Groceries/ Comida
Child Support Manutencion los ninos			Essential Non Food Items/ Articulos no alimenticios
Student Aid			Day Care/ Cuidado de ninos
Food Stamps Estampillas de comida			Child support
WIC (recibe)	Yes SI	No	Car Insurance Aseguranza de carro
Other/ algo mas			Gasoline/ Gasolina
Medical Insurance Aseguransa medica			
Medication/ Medicina			
Medical Payments/Gastos Medicos			
Home Phone/ telefono de casa			
Total			
Column 2			
Cell Phone/ Cellular			
Court Fines			
Cable/Dish			
Credit Cards Terjetas de credito			
Entertainment Entretenimiento			
Alcohol/Tobacco			
Dinning Out			
Car Payment			
Payday Loans			
Miscellaneous			
Total			
Total Column 1			
Total Column 2			
Total Expenses Gastos totales			
Total Income			

Income After Expenses

Review Date:

Staff Initials:

Mission Statement:

Empowering Families to eradicate poverty and abuse from their own lives by building self-reliance and strengthening family relationships.

Vision Statement:

Eradicate poverty and abuse in our community by providing support services that bring Positive change to individuals and families in our community.

Values:

- People have the right to live without abuse or fear of abuse.
- People deserve to be treated with dignity and respect.
- People deserve to have the opportunity to improve their circumstances.

Applicant Signature Date

Staff Date