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 Farmers Branch, TX 75234  
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[www.metrocrestservices.org](http://www.metrocrestservices.org)

**REQUEST FOR ASSISTANCE**

Serving Carrollton, Farmers Branch, Addison, Coppell, and ZIP Code 75287 in Denton County.

**Metrocrest Services provides short-term emergency assistance to improve life situations of residents. The accuracy of information you provide will determine if and how promptly we can assist your family.**

Date \_\_\_\_\_ Referred by \_\_\_\_\_ Client Case #: \_\_\_\_\_

CLIENT INFORMATION: Have you been here before? Yes  No  If yes, When? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ Building# \_\_\_\_\_ Apt# \_\_\_\_\_ Apt Name \_\_\_\_\_

Subsidized (Section 8, housing assistance, HUD, etc.)? Yes  No

City/State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_ State \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status: Single  Married  Separated  Divorced  Widowed

Starting with your name, please list all persons living in the household whether related or not:

Name	M/F	Age	Birthdate	Are you Hispanic /Latino		Race	Name of School and grade completed:	Relation to Client
<i>Example Example</i>	<i>F</i>	<i>25</i>	<i>10/10/1993</i>	<i>Yes</i>	<i>No</i>	<i>W</i>	<i>Turner HS 11<sup>th</sup> grade</i>	<i>Self</i>
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			
				Yes	No			

For **RACE**, please use the following codes:

W = White  
 B = Black/African American  
 BW = Black/African American and White  
 A = Asian  
 AW = Asian and White  
 NH = Native Hawaiian/Other Pacific Islander  
 AI = American Indian/Alaskan Native  
 AIW = American Indian/Alaska Native and White  
 AIB = American Indian/Alaska Native and Black/African American  
 O = Other Multi-Racial

Briefly state what assistance you need:  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why you need assistance at this time or what crisis led you to come here:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a veteran? Yes  No  Are you disabled? Yes  No

Are you currently on any medication? Yes  No  ; If yes, for what? \_\_\_\_\_

Do you speak English? Yes  No  Other language (s) spoke \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever been convicted of a felony? Yes  No  If yes, explain? \_\_\_\_\_

Are you here for employment services? Yes  No

Have you completed courses for job training? Yes  No

Will you be seeking job training to help increase your employment status? Yes  No

What type of position are you seeking? Full time  Part time  Seasonal  Temporary

Are you currently working? Yes  No  If no, last date worked: \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Full Time  Part Time  Start Date: \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

Have you worked there for over 6 months? Yes  No

Current or Last Employment Information:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Reason for leaving (if unemployed): \_\_\_\_\_

Over the last 3 months, do you currently have a personal budget, spending plan, or financial plan that you follow? No  Yes

How confident are you in your ability to achieve a financial goal you set for yourself today?  
Not at all  Somewhat  Very

If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet for 3 months?  
No  Yes

Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings, retirement, or education)?  
No  Yes

Over the past 3 month, would you say your family's spending on living expenses was less than its total income? No  Yes

In the last 3 months, have you paid a late fee on a loan or bill? No  Yes

Have you been assisted by another agency? Yes  No  If yes, which agency? \_\_\_\_\_  
When? \_\_\_\_\_

Metrocrest Services operates in accordance with the US Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin. **Social Security numbers are not required in order to receive food, rental, and utilities assistance.** Metrocrest Services has my permission to exchange information regarding my circumstances with other Human Service Agencies. I understand that information on this form may be verified. I understand that inappropriate behavior may result in loss of services.

1. I am a member of the household living at the address provided and, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program.
2. All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct, and
3. If applicable, the information provided by the household's Authorized Representative (as named below or as authorized on a separate page) is also, to the best of my knowledge and belief, true and correct

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# MONTHLY BUDGET INCOME/EXPENSES

## Income

Hourly Wage: \$ \_\_\_\_\_  
 Hours Worked per week: \_\_\_\_\_  
 Are you paid: Weekly  Bi-Weekly  Monthly   
 Gross Pay (before taxes): \$ \_\_\_\_\_  
 Net Pay (after taxes): \$ \_\_\_\_\_

## Additional Job

Additional income? (i.e. part time job) Yes  No   
 Hourly Wage: \$ \_\_\_\_\_  
 Hours Worked per week: \_\_\_\_\_  
 Are you paid: Weekly  Bi-Weekly  Monthly   
 Gross Pay (before taxes): \$ \_\_\_\_\_  
 Net Pay (after taxes): \$ \_\_\_\_\_

## Spouse's Income

Does your spouse work (if applicable) Yes  No   
 Hourly Wage: \$ \_\_\_\_\_  
 Hours Worked per week: \_\_\_\_\_  
 Are you paid: Weekly  Bi-Weekly  Monthly   
 Gross Pay (before taxes): \$ \_\_\_\_\_  
 Net Pay (after taxes): \$ \_\_\_\_\_

## Spouse Additional Job

Additional income? (i.e. part time job) Yes  No   
 Hourly Wage: \$ \_\_\_\_\_  
 Hours Worked per week: \_\_\_\_\_  
 Are you paid: Weekly  Bi-Weekly  Monthly   
 Gross Pay (before taxes): \$ \_\_\_\_\_  
 Net Pay (after taxes): \$ \_\_\_\_\_

## Other Sources of Income

Unemployment Benefits: \$ \_\_\_\_\_ Bi-Weekly Amt. \_\_\_\_\_  
 Workman's Comp: \$ \_\_\_\_\_ How often received? \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_ How often received? \_\_\_\_\_  
 Cash Assistance/TANF:\* \$ \_\_\_\_\_  
 Supplemental Nutrition Assistance Program (SNAP)\*: \$ \_\_\_\_\_

## Social Security/Disability Benefits/Medicaid/SSI\*:

Who receives this benefit?	Amount Received
_____	_____
_____	_____
_____	_____

If the household receives other assistance, mark the appropriate choice below.

\_\_\_\_\_ National School Lunch Program (NSLP)\*  
 Have you filed your taxes this year? Yes  No   
 Pension/Dividends \_\_\_\_\_  
 Checking Account? Yes  No  Savings Account? Yes  No   
 How much do you have in savings? \_\_\_\_\_  
 \*No Proof is required

**TOTAL INCOME:** \$ \_\_\_\_\_

## Home Expenses

Rent/Mortgage \$ \_\_\_\_\_  
 Home/Renter's Insurance \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Water/Sewer/Trash \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Transportation

Car Payment \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Gasoline \$ \_\_\_\_\_  
 Bus/Train Fare \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Health

Health Insurance \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Food Expenses

Groceries \$ \_\_\_\_\_  
 Dining out/Eating Out \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Obligations

Student Loans \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_

## Personal Expenses

Laundry/Dry Clean \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Hair/Nail Care \$ \_\_\_\_\_  
 Household Items \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Miscellaneous

Memberships/Subscriptions \$ \_\_\_\_\_  
 Tithes \$ \_\_\_\_\_  
 Gift/Charity \$ \_\_\_\_\_  
 Savings \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

## Unexpected Expenses

Payday Loans/Title Loans \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_