



13801 Hutton Drive., Suite 150
 Farmers Branch, TX 75234
 (972)446-2100
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 11th grade</i>	<i>Self</i>
				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	A = Asian	AI = American Indian/Alaskan Native	O = Other Multi-Racial
B = Black/African American	AW = Asian and White	AIW = American Indian/Alaska Native and White	
BW = Black/African American and White	NH = Native Hawaiian/Other Pacific Islander	AIB = American Indian/Alaska Native and Black/African American	

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?
Not at all Somewhat Very

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: \$ _____