



Supporting Women ... Strengthening Families!

JustLiving Advocacy, Inc. Client Intake Form
(Confidential File)

CLIENT INFORMATION

Name _____

Address _____ Unit # _____

City _____ County _____ Zip Code _____ Phone # _____

Have you served in the military? yes no Are you a widow or dependent of a veteran? yes no

HOUSING INFORMATION:

Please check one:

Do you own rent House Apartment Trailer Room Duplex

Rent or Mortgage Payment \$ _____ Payment Frequency Monthly Weekly

How long at present address? _____ years _____ months

TRANSPORTATION:

What is your mode of transportation?

Self car Friend/family car Public transportation Walking Other__

APPLICANT SOURCE OF INCOME:

Currently Employed? __Yes or No_ ___

If yes, name of employer: _____ Work Phone # _____

Monthly Gross Employment income (**before taxes**) _\$ _____

How long on job? __Years _____ Months_____

Please check if you are receiving any of the following:

Income Sources:	\$ Amount:	If Applied, Appointment Date:
<input type="checkbox"/> TANF		
<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> SSI/SSDI/Social Security		
<input type="checkbox"/> Unemployment/Worker’s Comp		
<input type="checkbox"/> Medicaid/Medicare		
<input type="checkbox"/> Self <input type="checkbox"/> Children		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Source		

How will the support from JustLiving Advocacy help to improve or remedy circumstance?

Brief Summary:

Please check all that apply:

- Need Assistance with Childcare for new job. Need financial assistance for transportation to get to work.
- Need assistance from other resources/partners.
- Requesting information or presentation on Heart Disease and Prevention.

With my signature, I certify and affirm all of the information enclosed in this application is accurate to the best of my knowledge, and I understand that all of JustLiving Advocacy services are **not** guaranteed if **no** resources are available at the time of application.

Client Signature

Date

Submit/Email Completed Return to:

intake@justlivingadvocacy.org