



# LINKS Community and Family Services

## COVID-19 Supportive Services

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Yearly Salary \$ \_\_\_\_\_

Do you have a reliable source of transportation? YES NO

Have you been around anyone who has or is suspected of having Covid-19? YES NO  
  If yes, when? \_\_\_\_\_

Do you currently have Covid-19? YES NO

How many seniors in the home? \_\_\_\_\_ How many children in the home? \_\_\_\_\_ How many adults in the home? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security # \_\_\_\_\_

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## Demographics

Please check the status that pertains to you.

**Marital Status:** Single \_\_\_ Married \_\_\_ Divorced \_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**Education:** College \_\_\_\_\_ High School \_\_\_\_\_ High School-Incomplete \_\_\_\_\_

**Employment Status:** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Unemployed \_\_\_\_\_

**Ethnicity:** African-America \_\_\_\_\_ Asian \_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Middle Eastern \_\_\_\_\_

Native American \_\_\_\_\_ Other \_\_\_\_\_

**Government Benefits:** Receives Food Stamps \_\_\_\_\_ Receives Medicare \_\_\_\_\_ Receives Medicaid \_\_\_\_\_

Receives Social Security \_\_\_\_\_ Receives Veterans Benefits \_\_\_\_\_ Receives WIC \_\_\_\_\_

Other: At risk of being homeless \_\_\_\_\_ Disabled \_\_\_\_\_ Homeless \_\_\_\_\_

## How can we help you?

Food \_\_\_\_\_ Household Items \_\_\_\_\_ Cleaning products \_\_\_\_\_ Medication \_\_\_\_\_ Clothes \_\_\_\_\_

Mental Health Help \_\_\_\_\_ Transportation \_\_\_\_\_ Rental Assistance \_\_\_\_\_ Utility Assistance \_\_\_\_\_

**Case Notes:**

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