

The following information helps to better understand your personal situation, identify essential people in your life, as well as other resources possibly available. We do take family income into account when purchasing services. Your help is appreciated.

Are you currently receiving help from another program such as Voc. Rehab, Dept of Human Services, or other? If so, indicate which program and nature of help:

Marital Status: Married Divorced Never Married Separated Widowed

Total Number in Family: _____ **How Many Dependent Children?** _____ **Ages** _____

Spouse's Name & Employment Status: _____

If a dependent, please identify parents/guardian:

List Two People Who Would Always Have Your Address or Phone Number:

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Do you have a valid driver's license? Yes No

Do you have a car you can drive? Yes No

Are you a veteran? Yes No

Financial Resources:

If you are requesting financial assistance you must complete the following information. Please insert the monthly amount you receive after the type of income (if not monthly, please indicate if weekly, monthly, or annually, etc):

_____ Your wages	_____ Worker's Comp	_____ Social Security
_____ Spouse's wages	_____ VA Benefits	_____ SSI
_____ Mother's wages	_____ AFDC/Public Assistance	_____ Pension
_____ Father's wages	_____ Social Security Disability	

Finally, what can we do to assist you?

Consumer Signature or Guardian _____