Date: _____Client Number _____

☐ New ☐ Return

APPLICATION FOR ASSISTANCE

Please Print

Full Name _____Gender _____
(First, Middle Initial, Last)

Street Address_____ Apt. #_____ Apt. Name _____

City, State, Zip Code_____ County _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Date of Birth _____ Age _____ Race _____ Hispanic: ☐ Yes ☐ No
mm-dd-yyyy

Marital Status _____ Level of Education _____ Referral Source _____

E-mail address_____ @ _____ Church/Synagogue Affiliation _____

Current Employer _____ Occupation _____

Emergency Contact & Phone Number: _____

Do you live in the Frisco/Frisco ISD area: ☐ Yes ☐ No If yes, how long? _____Years _____Month _____Weeks

How long have you lived at your current address? _____Years _____Months _____Weeks

Do you rent or own? ☐ Rent ☐ Own ☐ Other

Are you at risk of becoming homeless? ☐ Yes ☐ No

Have you ever received assistance from Frisco Family Services in the past? ☐Yes ☐ No If yes, when?
_____

Have you ever lived in a household that has received assistance from Frisco Family Services? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No Veteran's Dependent ☐ Yes ☐ No Veteran's Surviving Spouse ☐ Yes ☐ No

Total number of people in the household? _____

List ALL living in your household (DO NOT INCLUDE YOURSELF)

First Name	Last Name	Gender	Age	Date of Birth	Race	Hispanic Yes or No	Grade	Name of School or Employer	Relationship to Applicant

SERVICES NEEDED to help you achieve or maintain self-sufficiency: (*please check all that apply*):

☐ Food assistance (Frisco Family Services Market)

☐ Financial assistance with essential needs: ☐ Rent/Mortgage ☐ Utilities ☐ Prescriptions ☐ Other _____

OFFICE ONLY

Volunteer/Staff Name: _____ Date: _____

Was FP provided? ☐ YES ☐NO Was ID copied? ☐ YES ☐ NO Additional resources provided? ☐ YES ☐ NO

Date & time of appt: _____ Case Manager: _____

What is the crisis or situation that has led to seeking assistance?

(*Please write legibly.*)

If an appointment is necessary, I will bring in the COMPLETED APPLICATION and APPROPRIATE DOCUMENTATION requested on the application. If I do not show up for the appointment, I understand that I cannot use services until I have been seen by a Case Manager. I understand that I MUST arrive 15 minutes prior to my scheduled appointment to guarantee my appointment slot. I understand that filling out the application and/or meeting with a case manager does not guarantee assistance will be provided. The information provided is accurate and correct. I understand that any false information will delay my application process and may cause possible suspension of services from Frisco Family Services.

_____ _____

Signature Date

POLICIES: PLEASE READ BELOW & SIGN BELOW

Food Market Policy

If in need of food assistance, you will be permitted one (1) visit to the food Market prior to meeting with a case manager. After an assessment with a case manager, it will be determined how many food market visits will be allowed. If necessary, you may visit the food market as frequently as once every two weeks; however, visiting the food market less frequently is acceptable. You determine whether you need to visit every other week or less often.

After your final visit, if you are still in need of food assistance, you will be required to set up an appointment with a case manager to discuss your family's continuing needs and to be re-approved for access to the food Market. You should be prepared to explain why you are still experiencing a crisis and why receiving emergency food assistance is critical to your transition back to self-sufficiency.

CHAMPS-Challenging Adult Minds for Personal Success

Frisco Family Services (FFS) is committed to equipping you with skills and resources aimed at enhancing your quality of life and promoting self-sufficiency. The CHAMPS program is part of a continuum of services offered by FFS.

As a requirement to receive any services offered by FFS, I understand that I must sign up for and attend a CHAMPS Adult Life Skills Workshop after meeting with a Case Manager and service eligibility has been determined. I further understand that if I do not comply with this requirement, I will forfeit the opportunity to receive the assistance that I am requesting.

Release of Information

I hereby authorize the release of information to Frisco Family Services (FFS) to receive the assistance, I am requesting. I further certify that the information I have stated is true and correct and that all income is reported. I understand FFS may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for Frisco Family Services to discuss my case with other agencies, government entities, businesses churches, attorneys, organizations, societies, hospitals, medical personnel, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information is treated as confidential information by Frisco Family Services.

In consideration of the opportunity afforded me by Frisco Family Services, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Frisco Family Services, or any of its affiliated organizations, or any of their board of directors collectively or individually, or the supplier of any materials or equipment that is used by Frisco Family Services, or any of the volunteer workers, for the injury or death of myself or damage to my property, however caused, arising from my participation with Frisco Family Services. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to myself, or damage to my property, sustained in connection with my participation in any program of Frisco Family Services.

I have read, understood, and agree to the policies described above as they relate to services provided by FFS.

Signature_____ Date_____

Frisco Family Services Mission Statement:
We help members of our communities who are facing hunger, homelessness, and other urgent needs improve their quality of lives and achieve self-sufficiency.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FRISCO Family SERVICES

Self-Certification of Income

PLEASE COMPLETE ALL THE FOLLOWING:

Name: _____ **Phone #:** _____

Current Address: _____

City, State, Zip Code: _____

Email: _____

List all Household Members and Income (INCLUDING THE APPLICANT)

Last Name	First Name	Relationship	Age	Monthly Income	Hispanic Y/N	Source of income and/or Employer
		SELF				

****PERSONAL INFORMATION:** *(check one in each item)*

A. ☐Male ☐Female

B. ☐Caucasian/White ☐American Indian/Alaskan Native ☐American Indian/Alaskan Native & White ☐Native Hawaiian/Other Pacific Islander ☐American Indian/Alaskan Native ☐Black/African American ☐Asian ☐ Asian & White ☐ Balance/Other

C. ETHNICITY
☐ Hispanic
☐ Non-Hispanic

D. DISABLED
(Are you or any household member disabled?)
☐ Yes
☐ No

E. IS OWNER/BORROWER WOMAN HEAD OF HOUSEHOLD
(Is the head of household a WOMAN?)
☐ Yes
☐ No

*** NUMBER OF FAMILY MEMBERS**
(include yourself, spouse, children, etc.): _____

Total Anticipated Annual Household Income: _____

CERTIFICATION

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State, and local law.

_____ _____

Signature of Applicant Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

For use by funding agency:

Household Size: _____
Income Limit: _____
Person Making Determination: _____

Annual Income: _____
Is Applicant Eligible: _____
Date: _____

Total Household Income & Expense Report

Monthly Income	Monthly Amount		Monthly Expenses	Monthly Amount	Total Owed or Overdue
Wages _____(name)	**GROSS**	**NET**	Housing: *(mortgage or rent)*		
Wages _____ (name)	**GROSS**	**NET**	Electricity		
Wages _____(name)	**GROSS**	**NET**	Gas		
Wages _____ (name)	**GROSS**	**NET**	Water		
Wages _____ (name)	**GROSS**	**NET**	Phone		
Social Security Disability			Cable		
S.S.I.			Mobile Phone		
Veteran's disability			Car Payment		
Retirement			Gasoline		
Food Stamps			Auto Insurance		
TANF			Home or Renter's Insurance		
Family			Medical + Dental Insurance (*out-of-pocket costs*)		
Friends			Medical Expenses		
Unemployment			Prescriptions		
Workers Compensation			School Lunches		
Child Support			Groceries		
Other Agencies			Laundry		
Any other income			Child Care		
WIC ☐YES ☐NO			Child Support		
Medicaid ☐YES ☐NO			Loans (*explain purpose*)		
			Credit Card #1		
			Credit Card #2		
Bank Account Statement (*last 30-days*)			Credit Card #3		
Savings Account Balance (*last 30-days*)			Other (*explain*)		
Total Income			**Total Expenses**		

Transportation:

Car Information: Model: _____ Year: _____

Does the car belong to you?_____How did you arrive at Frisco Family Services today? ☐Family Car ☐Friend ☐Walk ☐Other _____

Checklist: Required Documentation

All supporting documentation must be provided to Frisco Family Services on, or before, your scheduled appointment. It is only necessary to provide copies of one current month of expenses and income. Missing documentation will require rescheduling of your appointment and delay the process to receive assistance.

Note: Due to the large number of applicants requesting assistance, you MUST arrive 15 minutes before your scheduled appointment to guarantee your appointment slot.

Proof of Current Address (*please bring the paperwork that applies to your living situation*)

- ☐ Current lease
- ☐ Section 8 papers with lease
- ☐ Current mortgage contract or coupon

Identification for All Household Members (Please bring **at least ONE** form of ID for each member or your household.)

- ☐ Driver's License
- ☐ State ID Card
- ☐ Passport
- ☐ School ID Card
- ☐ Social Security
- ☐ Birth Certificate

Proof of All Income (*Please bring all that apply to your household.*)

- ☐ Recent paycheck stubs from each employed person in your household *(including new and terminated employment)*
- ☐ Unemployment eligibility notice/compensation stubs
- ☐ Child support statement
- ☐ Social Security/SSI current grant notice of benefits
- ☐ Food Stamps/Medicaid Letters/TANF letter showing how much received or denial letter.
- ☐ Self-Employment Records (*last year's tax forms, DBA*)

Proof of All Expenses (*Please bring all that apply to your household.)* Must provide current statements with detailed information. Disconnection notices are not sufficient.

- ☐ Current Rental lease/Mortgage Payment
- ☐ CURRENT Utility Bills (*including electric, water, gas, cable, phone, and cellphone*)
- ☐ Childcare
- ☐ Car payments
- ☐ Car insurance
- ☐ Health insurance
- ☐ Other loans or items that affect income
- ☐ Credit card payments
- ☐ Car repair bills
- ☐ Current checking & savings bank statement (*Last 30 days - detailed*)

Documentation of Current Crisis (*must provide proof of crisis to assess eligibility*)

- ☐ Doctor's letter/bills
- ☐ Police/fire reports
- ☐ Paid receipts for unexpected expenses
- ☐ Hospital/emergency care bills
- ☐ Proof of Unemployment

Client Name: _____ Client #_____

Date & Time of Appt: _____ Caseworker: _____

CLIENT NAME: _____

In order to determine how we can be of assistance to you, please complete the following questions:

What is your need today? _____

What is the crisis or situation that has caused you to seek assistance? _____

_____

What are your plans to prevent this crisis from recurring? _____

_____

If you are asking for financial assistance, how will you pay for next month's rent/utilities? _____

_____

Have you been assisted by another agency? _____ Which agency/organization? _____

Please list your previous addresses:

Street Address, City, State and Zip Code	How long/List dates

Medical History

Current health care/insurance (please check): ☐CHIP ☐Medicaid ☐Medicare ☐Northstar ☐Private Ins. ☐None ☐Other

Does anyone in your household need or receive medical/psychological assistance? _____

Education History

Highest grade you completed: _____Highest grade completed by your spouse/roommate: _____

Employment History

Please list your current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				
Past				

Please list your spouse's/roommate's current and past employment:

	Place of Employment	Dates of Employment	Job Title	Reason for Leaving
Current				
Current				
Past				
Past				

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IMPORTANT PLEASE READ

Please have a hard copy of **ALL** required documents with you
When you return for your appointment with your case manager. If you do NOT have your documents, your appointment will be rescheduled for a later date.

IF YOU ARE A NO-SHOW OR DO NOT CALL BEFORE YOUR APPOINTMENT TIME TO RESCHEDULE YOUR APPOINTMENT, YOU WILL NOT BE ABLE TO REAPPLY FOR SERVICE FOR 30 DAYS.

Signature _____ Date _____

IMPORTANTE POR FAVOR LEER

Tenga una copia impresa de **TODOS** los documentos requeridos con usted
Cuando regrese para su cita con su administrador de casos. Si NO tiene sus documentos, su cita será reprogramada para una fecha posterior.

SI USTED NO SE PRESENTA O NO LLAMA ANTES DE LA HORA DE SU CITA PARA REPROGRAMAR SU CITA, NO PODRÁ VOLVER A SOLICITAR EL SERVICIO DURANTE 30 DÍAS.

Firma _____ Fecha _____

EMERGENCY FOOD AND SHELTER

NATIONAL BOARD PROGRAM

PHASE 40-FUNDS

I certify that my family is presently experiencing an emergency need for food/shelter/utility payments.

I further certify (if accepting utility rent or mortgage payment) that I have not applied, nor will I apply, to any agency for another such payment from Emergency Food & Shelter Program funds during the period of:

November 1st, 2021 to December 31st, 2023

In accepting assistance through the Emergency Food Shelter National Board program, I give consent for this declaration to be correlated with all participating agencies in order to assure the most effective use of available funds.

_____ _____
Name (Please Print) Signature

_____ _____
Identification Number Date
SS# or TDL# TXID# OTHER

_____
Street Address

_____
City Zip Code

☐ **Collin County** ☐ **Denton County**

Frisco Family Services

Agency Use Only

Assistance provided and amount:

_____ $_____ Rent-_____

_____ $_____ Water – Gas – Electric _____
_____ $_____ Water – Gas – Electric _____
_____ $_____ Water – Gas – Electric _____

Date entered: _____ Staff Initials: _____

Notes:_____
_____
_____
_____

This declaration is to be used for the purpose stated and will be retained by the Agency for their records.
Local Emergency Food and Shelter Board – Dallas/Collin/Denton

EMERGENCY FOOD AND SHELTER

NATIONAL BOARD PROGRAM

PHASE ARPA-R FUNDS

I certify that my family is presently experiencing an emergency need for food/shelter/utility payments.

I further certify (if accepting utility rent or mortgage payment) that I have not applied, nor will I apply, to any agency for another such payment from Emergency Food & Shelter Program funds during the period of:

November 1st, 2021 to December 31st 2023

In accepting assistance through the Emergency Food Shelter National Board program, I give consent for this declaration to be correlated with all participating agencies to assure the most effective use of available funds.

_____ _____

Name (Please Print) Signature

_____ _____

Identification Number Date

SS# or TDL# TXID# OTHER

_____

Street Address

_____

City Zip Code

☐ **CollinCounty** ☐ **Denton County**

FRISCO Family SERVICES

Agency Use Only

Assistance provided and amount:

_____ $_____ Rent: _____

_____ $_____ ☐Water ☐Gas ☐ Electric _____

_____ $_____ ☐Water ☐ Gas ☐ Electric _____

_____ $_____ ☐Water ☐ Gas ☐ Electric _____

Date entered: _____ Staff Initials: _____

Notes: _____

_____

_____

_____

This declaration is to be used for the purpose stated and will be retained by the Agency for their records.

Local Emergency Food and Shelter Board – Dallas/Collin/Denton