

**San Patricio County Veterans Service Office
Fund For Veterans' Assistance Application**

APPLICATION INFORMATION

Last Name:		First Name:		MI:	Age:	Gender:
Social Security Number:	Date of Birth:	Race: Asian (A), Black (B), Caucasian (C), Native American or Alaska Native (NA), Native Hawaiian or Pacific Islander (PI), Mixed Race (MR)	Ethnicity: Hispanic or Latino (H), Not Hispanic or Latino (NH)		Cell / Home Phone Number: ()	
Address:		City:	State:	Zip Code:	Work Number: ()	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other						Email Address:
Last Grade Completed?	US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	SNAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO		Referral: <input type="checkbox"/> Self or <input type="checkbox"/> Other	
Household Size:	Have you applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer / School			How long have you lived in San Patricio County?	

Are you or anyone in the household a Veteran, Surviving Spouse, or Dependent of a Veteran?

SPOUSE / PARTNER INFORMATION

Last Name:		First Name:		MI:	Age:	Gender:
Social Security Number:	Date of Birth:	Race: Asian (A), Black (B), Caucasian (C), Native American or Alaska Native (NA), Native Hawaiian or Pacific Islander (PI), Mixed Race (MR)	Ethnicity: Hispanic or Latino (H), Not Hispanic or Latino (NH)		Cell / Home Phone Number: ()	
Last Grade Completed?	US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	SNAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Number: ()	
Have you applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer / School			How long have you lived in San Patricio County?	Email Address:	

ASSISTANCE REQUESTED (Check the box for what you need help with)

Do Not Complete: For Department Use Only

<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> UTILITIES <input type="checkbox"/> FOOD <input type="checkbox"/> ASSISTIVE TECH <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> RIDE <input type="checkbox"/> VEHICLE REPAIR <input type="checkbox"/> VEHICLE PAYMENT <input type="checkbox"/> VEHICLE INSURANCE PAYMENT <input type="checkbox"/> OTHER: _____	Last Assistance	
	Screener Initials:	Outcome of the Screen: S/D Appt.
	Appointment Date:	Time:
	Comments:	

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HOUSEHOLD MEMBERS INFORMATION (Include all other persons living in the household)

Name	Relation to You?	Social Security Number	Date of Birth	U.S. Citizen?	Employer/School	Last Grade Completed?	Receiving Benefits?	Disabled?
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FACT INFORMATION

Are you scheduled for disconnection? **Check One:** YES NO If yes, when?

Do you qualify for a Housing Assistance Program (HUD, Voucher, etc.)? **Check One:** YES NO

Are your services off? YES NO

EXPLAIN EMERGENCY SITUATION

Do you have a late notice or eviction notice? YES NO

Are you homeless? YES NO

Income / Benefits FOR ALL HOUSEHOLD MEMBERS

MONTHLY EXPENSES

Gross Wages: \$	Unemployment: \$	Rent/Mortgage: \$	Phone: \$	Car: \$
TANF: \$	Alimony: \$	Electric: \$	Cable/Internet: \$	Fuel: \$
SSI: \$	Child Support: \$	Water: \$	Child Care: \$	Car Insurance: \$
Social Security: \$	Retirement: \$	Gas: \$	Medical: \$	Credit Cards: \$
Worker's Comp: \$	Other Income: \$	Household Supplies: \$	Loans: \$	Furniture: \$
VA Benefits: \$	Cash on Hand: \$	Food: \$	Burial Plan: \$	Transportation: \$
Financial Aid: \$	Other: \$	Life Insurance: \$	Laundry: \$	Other: \$
SNAP: \$	TOTAL: \$	Appliances: \$	TOTAL: \$	

- All of our services are voluntary. It is your choice to participate.
- Financial assistance is not guaranteed. No one is entitled to financial assistance.
- If we cannot assist you, we will explain why and offer referrals to other agencies if appropriate.
- If at any time you feel you were not treated respectfully, please let your worker know. Complaint forms are available at the front desk.

I certify that the above information is correct to the best of my knowledge.

Applicant Signature _____

Date _____