



THE SALVATION ARMY McHENRY COUNTY EMERGENCY ASSISTANCE APPLICATION

LAST NAME: _____ FIRST NAME: _____ (MI) _____

EMAIL ADDRESS: _____

ADDRESS (#, ADDRESS, CITY, STATE, ZIP)	PHONE NUMBER	DATE (AS OF)
PREVIOUS ADDRESS (if less than 5 years)		

Date of birth: _____ SSN: XXX-XX-____ (M) _____ (F) _____

Marital Status: _____ Veteran (Y) _____ (N) _____ Branch of Service: _____
(Army, Navy, Air Force, or Coast Guard)

Veteran Status: Active, Discharge-Honorable, Discharge-Dishonorable

INDIVIDUALS IN HOUSEHOLD

Name (first/last)	M/F	Date of Birth	Ethnicity	SSN	Relationship to above
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	
				XXX-XX-	

SOURCE(S) OF INCOME

Employer: _____ Date ____/____/____

Employer: _____ Date ____/____/____

If not employed, when did you last work? _____ Reason for leaving job: _____

Date	Salary	Unemployment	SS	SSI/SSD	Public Assistance	Pension	Child Support	Worker Comp	Food Stamps	Other

EXPENSES

Rent/Mortgage	Electric	Gas (Nicor)	Water/Sewer	Telephone	Cable/Internet	Insurance
Cell Phone	Car Loan	Fuel for Car	Other:	Other:	Other:	Other:

Have you ever received assistance from The Salvation Army? Y / N (Circle One) If so, when? _____

What type of assistance are you seeking? _____

What caused your emergency? _____

How do you plan to provide for this need in the future? _____

CASE NOTES:

Client Signature: _____ Date: _____

In signing, I verify that the information on this form is true and accurate. I understand that falsifying information on this form could disqualify me from service this social service agency.

Caseworker Signature: _____ Date: _____

The Salvation Army of McHenry County



Release of Information Authorization

For: _____
(Client's Name/Please Print)

I understand that non-personal information will be shared to satisfy Local and Federal data collection requirements.

This release authorizes The Salvation Army to consult with other agencies as related to my request for assistance in an effort to validate, substantiate, prove and document my need for Emergency Assistance.

NOTE:

Emergency Assistance must provide me with an actual service; it does not mean The Salvation Army can assist me regardless of circumstance. We do not pay bills for clients nor make a payment unless it gains service, stops a shut-off notice or stops an eviction, etc.

Signing this form does not guarantee service or any specific dollar amount of service. In fact sharing false information may disqualify me from service through The Salvation Army's Emergency Assistance Program.

I understand that The Salvation Army Emergency Assistance Program is not a government funded program and there are no entitlement amounts nor guarantees to service. All service is based solely upon qualification and fund availability.

This release may be revoked or changed at any time by either party by written notice only and this release is valid for one year from today's date.

I grant permission for the Salvation Army to coordinate/communicate, on my behalf, with other agencies. This consent is valid until one year from signed release of information.

Client Signature

Date

Caseworker Signature

Date

The Salvation Army Client Data Management System
 Client Privacy Notice & Consent



NOTICE:

We collect personal information directly from you for reasons that are discussed in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that give funds to us to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of those we serve. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our privacy policy is available to all clients upon request.

YOUR RIGHTS:

You have the right to a copy of the information about you in a Client Data Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes on information about you.

If you have a complaint about the performance of any Salvation Army staff member, officer, intern, volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps as outlined in the Client Data Management System Privacy Policy. Grievance may be formally recording by making an appointment to speak with or submit a written complaint to The Salvation Army's Unit Director at the location you are being served.

If you do not want your name, social security number, or date of birth entered in a Client Data Management System, tell the intake worker and circle the applicable section below. The Salvation Army will **not** refuse to help you for denying this. However, this option may not be applicable to certain services including, but not limited to, specific SSVF and utility assistance services. They will enter you in the system as an anonymous individual and keep your identifiable information separate.

If applicable circle the statement in italics: *I am refusing to allow my identifiable information to be entered in a Client Data Management System and understand that my intake will be entered as an anonymous client. I understand that my identifiable information will be stored separately in an secure database for anonymous clients.*

SIGNED CONSENT:

Each adult, emancipated minor or unaccompanied youth must sign for him or herself. A parent/guardian should sign for children under the age of 18. My signature shows that I permit you to enter my personal information into a Client Data Management System.

_____/_____/_____
 Print Name- Client Date of Birth

_____/_____/_____
 Signature of Client or Guardian Date Signed

_____/_____/_____
 Signature of Witness Date Signed

If Applicable Dependent Children under 18:

_____/_____/_____
 Print Name Date of birth

_____/_____/_____
 Print Name Date of birth

_____/_____/_____
 Print Name Date of Birth

_____/_____/_____
 Print Name Date of birth



DOING
THE MOST
GOOD

Rent Assistance Checklist: *to obtain funds avoiding eviction

- 1) A copy of current lease **OR** rental agreement _____
- 2) A five-day notice **OR** letter from landlord stating the following _____
 - a) You are behind on your rent payments _____
 - b) How much you owe (itemized) _____
 - c) To whom the check should be written _____
 - d) Where the check should be sent _____
 - e) The landlord will accept partial payment and will work on balance with client _____
- 3) Proof of **ENTIRE HOUSEHOLD INCOME** for past thirty days _____
- 4) A valid state ID or Driver's License _____

Utility Assistance Checklist: *for any or all utilities necessary for living conditions

- 1) A copy of shut-off notice from either Com Ed or Nicor; if Nicor Sharing program, just the current bill that is past due _____
- 2) Proof of **ENTIRE HOUSEHOLD INCOME** for past thirty days _____
- 3) A valid state ID or Driver's License _____

Prescription Assistance Checklist:

- 1) Prescription order including the name of the medication, dosage, and the quantity of medication ordered _____
- 2) Proof of **ENTIRE HOUSEHOLD INCOME** for past thirty days _____
- 3) A valid state ID or Driver License _____

MC Ride Program (Transportation):

- 1) A valid state ID or Driver's License _____
- 2) Medical Appointment Information Including:
 - a) With whom they are meeting _____
 - b) Company name _____
 - c) Contact Information _____
 - d) Date and Time of the meeting _____

Furniture and Clothing Assistance Checklist:

- 1) Desired furniture/clothing with explanation _____
- 2) Proof of **ENTIRE HOUSHOLD INCOME** for past thirty days _____
- 3) A valid state ID or Driver's License _____

Transitional Motel Assistance Checklist:

- 1) Explanation as to what put you in this situation (paper documents explaining will help) _____
- 2) Proof of **ENTIRE HOUSEHOLD INCOME** for past thirty days _____
- 3) A valid state ID or Driver's License _____