

**The Salvation Army
Loudoun County Corps
CLIENT WORKSHEET**

PERSONAL DATA

Name:	Marital Status: <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> SEPERATED <input type="radio"/> WIDOW <input type="radio"/> NEVER MARRIED
Address:	Other Adult in household:
City/Zip:	Family Size:
Birth Date:	Employment: <input type="radio"/> EMPLOYED <input type="radio"/> UNEMPLOYED
Home/Cell Phone:	Emergency Contact: & Phone Number:
Email Address:	

****HAVE YOU BEEN HERE WITH IN THE YEAR (last 12 months)?** YES NO

- Each adult (over 18) is required to show a picture ID (Driver's License or Passport).
- For each child under 18, a Birth Certificate, Passport, or other ID is required. If the only ID you have is a Social Security card then please show caseworker this document to be verified.

PLEASE LIST CHILDREN LIVING WITH YOU (IMMEDIATE FAMILY)

NAME:	IDENTIFICATION	AGE:	SEX:
1.			
2.			
3.			
4.			

MONTHLY MANAGEMENT

INCOME:	EXPENSES:
Salary:	Rent/Mortgage/Own:
SSI/Pension:	Electric: /Gas:
TANF:	Water:
Food Stamps:	Food Cost:
Child Support/Other:	Telephone:
Unemployment:	Car Expense:
Other Income:	Other Expense:
HOUSEHOLD INCOME TOTAL:	TOTAL: (\$)

I certify that the above information is true and do hereby authorize persons, organizations or agencies having information concerning me/us or my/our circumstances to furnish such information to The Salvation Army, I hereby grant permission for a representative of The Salvation Army to obtain information which may have a bearing of my/our edibility for assistance.

CLIENT SIGNATURE: _____ DATE: _____

CASE WORKER: _____ DATE: _____



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*****Please answer ALL questions in full detail*****

1. What are the circumstances that have caused you to seek help through The Salvation Army? *(examples of common crisis: economic changes, unemployment, natural disasters, recently incarcerated, family disruption, loss of a loved one, divorce/separation, lack of child support).*

2. Assistance is not guaranteed, if we are able to assist you, how will you be able to pay your bills the next 2 months? *(example: recently started/looking for employment, applying for financial assistance through the government, etc).*

3. If you are approved for financial assistance, you must pay the remaining balance. How will the remaining balance be paid? *(If another agency has agreed to assist you during your crisis, please provide the name of the organization).*

Welcome to The Salvation Army in Loudoun County

We are here to serve you and hope to be able to help you today. To learn more about our programs, a brochure is available in the office.

As we are concerned for your health and safety, we ask that you keep any small children with you at all time during your time here. And we remind you to never leave children alone in your car. Please instruct your children not to run or be noisy in the building, for their own safety and out of respect for others.

All the services we provide are not always available on every day, due to timing of donations and grants received.

You are required to bring in the designated documents and to fill out required forms in order to receive utility and rental assistance or Thrift Store vouchers.

You may be denied service or asked to return with missing documents on another day if you are without required paperwork.

As a non-profit organization, we reserve the right to deny or terminate service, however, we do want to assist you and will resort to termination and denial of services only in extreme circumstances or in cases impossible to resolve.

If you are dissatisfied with service received, you have a right to issue a formal complaint to the Social Worker or Corps Officer. All efforts will be made to respond as soon as possible to a complaint which is made within 24 hours of your time here.

We hope that you will know that we care and that you will have a blessed time with us here today.

I have read and understood above:

SIGNATURE _____ DATE _____