FLAGLER COUNTY HUMAN SERVICES
APPLICATION FOR ASSISTANCE

APPLICANT (OR PARENT GUARDIAN) INFORMATION

Today's Date			
Last:	First:	Middle Initial:	Suffix:
Florida Driver License Number:	Social Security Number:	Date of Birth: M M D D Y Y Y Y	
E-Mail Address:	Sex: ☐ Male ☐ Female ☐ Transgender ☐ Gender Neutral	Age:	
Current Street Address:			
City:	State:	Zip:	
Mailing Address (if different from above):			
I have lived at my current address since: (Month/Year)	I have lived in Flagler County since: (Month/Year)		
Phone Number:	Alternate Phone Number (if applicable):		

Race: ☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Multiracial ☐ Native Hawaiian / Pacific Islander ☐ White / Caucasian ☐ Other: _____

Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Non-Latino

Were you born in the United States of America? ☐ Yes ☐ No

If no, provide Permanent Resident Number (green card): _____

My Highest Level of Education is: _____

Are you a U.S. Veteran? ☐ Yes ☐ No **Is your spouse or partner a U.S. Veteran?** ☐ Yes ☐ No

Current Marital Status: ☐ Single / Never Married ☐ Married ☐ Cohabitating ☐ Widow/Widower ☐ Separated, Date: _____ ☐ Divorced, Date: _____

List Maiden Names or Aliases you have used: _____

Referred by: _____

What is the primary reason you have requested an appointment for assistance at this time?

☐ Rent ☐ 1st Month Rent ☐ Mortgage ☐ Utility Bill ☐ Indigent Healthcare ☐ Other _____

Has something unexpected or sudden happened that has caused you to need special assistance at this time? ☐ Yes ☐ No If Yes, please briefly explain: _____

_____

APPLICANT EMPLOYMENT INFORMATION

☐ Employed ☐ Unemployed ☐ Disabled ☐ Retired

Employer Name:		Phone Number:
Address:		Date of Hire:
Occupation:	☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Self-Employed	

If unemployed, in what manner: ☐ Laid-off ☐ Terminated ☐ Quit Reason: _____

SPOUSE OR PARTNER EMPLOYMENT INFORMATION

☐ Employed ☐ Unemployed ☐ Disabled ☐ Retired

Employer Name:		Phone Number:
Address:		Date of Hire:
Occupation:	☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Self-Employed	

If unemployed, in what manner: ☐ Laid-off ☐ Terminated ☐ Quit Reason: _____

HOUSEHOLD INFORMATION

Total # of people living at your address: _____ How many of them are related to you? _____

For the purposes of this application, two unmarried individuals who have a child in common and share a household will be considered as a family unit. Two unmarried individuals who present themselves as a couple who are living together, combining incomes and sharing expenses will also be considered as a family unit.

Please complete for **all people** living in the household (not including you):

Name	Social Security Number	Relationship to you	Date of Birth	Employed?	In School?	Race
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	

Are you covered medically by any of the following? (Please check all that apply)

☐ **Medicaid** ☐ **Medicaid-Medically Needy with Share of Cost**, if yes, what is share of cost? $_____

☐ **Medicare**, if yes, Part B? ☐ Yes ☐ No Part D? ☐ Yes ☐ No ☐ **Health Department Primary Care**

☐ **Group or Individual Medical Insurance** ☐ **Veterans Administration Benefits**

Please check the correct box for the following:

Food Stamps	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
DCF Cash Assistance	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
Medicaid or Medically Needy Prog.	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
Section-8 Rental Assistance	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
Social Security Disability or SSI	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
Vocational Rehabilitation Services	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable
Veterans Administration Benefits	☐ Receiving	☐ Pending	☐ Denied	☐ Didn't Apply	☐ Not Applicable

INCOME INFORMATION

Please list **all forms** of income that you or anyone in your household has received this past month:

Source	Amount	Source	Amount	Source	Amount
Employment	$	School Grants or Scholarships	$	Income from a Rental Property	$
Self-Employment	$	GI Bill	$	Inheritance	$
Odd Jobs / Under the Table	$	VA Benefits	$	DCF Cash Assist. (TANF)	$
Severance pay	$	Social Security Retirement	$	SNAP (Food Stamps)	$
Re-Employment Compensation	$	Pensions	$	Section-8 Subsidy	$
Workers Compensation	$	Annuities	$	Child Support	$
Disability	$	IRA/401K	$	Children's Social Security	$
Any other income not listed above:				Income from Roommate(s)	$

List all the bills that you are responsible for each month:

Rent $_____
Mortgage $_____
Electric Bill $_____
Water Bill $_____
Home Phone / Landline $_____
Cellular Phone $_____
Cable / Satellite / Internet $_____
Propane $_____
Food $_____
Car Payment $_____
Car Insurance $_____
Credit Cards $_____
Loans $_____
Furniture Payments $_____
Child Support Paid Out $_____
Child Care $_____
Probation Fee $_____
Gasoline for Transportation $_____
Medical Expenses $_____
Other Expenses $_____ ➔➔ Explain: _____
Total Monthly Expenses **$_____** **(We can add this up for you)**

Name of Landlord or Property Manager:

_____

Relationship to you: _____

Address: _____

_____

Phone #: _____

Do you live in Public Housing or receive any Public Assistance for Housing?

(For example: Section-8, HUD, etc...)

☐ Yes ☐ No If yes, please explain: _____

_____

_____

ASSETS INFORMATION

Vehicles:

Primary Vehicle	Year:	Make:	Model:	Value: $	Amount Owed: $
Secondary Vehicle	Year:	Make:	Model:	Value: $	Amount Owed: $

List any other vehicles you own, such as a boat, motorcycle, travel trailer, and etc…:

_____ Value: $_____ Owe: $_____

Do you own any real estate or property? ☐ Yes ☐ No

Type:	Location:	Purchase Date:	Value: $	Amount Owed: $	Mortgage Lender:
Type:	Location:	Purchase Date:	Value: $	Amount Owed: $	Mortgage Lender:

Do you currently have any of the following accounts?

Type of Account	Please Check	Name of Bank or Card
Prepaid Debit Card (i.e. Direct Express)	☐ Yes ☐ No	
Checking Account(s)	☐ Yes ☐ No	
Savings Account(s)	☐ Yes ☐ No	
Money Market Account(s)	☐ Yes ☐ No	
CD's/IRA's	☐ Yes ☐ No	
Stocks/Bonds	☐ Yes ☐ No	

Have you or your spouse or partner closed any accounts in the past year? ☐ Yes ☐ No
If Yes, please explain _____

☐ **I certify that I understand the information contained in this application, have answered all questions correctly and that all requested information is due to my case manager within 10 business days from today or my case will be closed.**

I understand that there is a law providing for the imprisonment/fine of anyone withholding or giving false information in regard to receiving assistance.

Applicant Signature: _____ Date: _____

CHAPTER 837.06

"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable by imprisonment according to Florida Statute 775.082."

Social Services
1000 Belle Terre Blvd.
Palm Coast, FL 32164

FLAGLER COUNTY FLORIDA

www.flaglercounty.org
Phone: (386)586-2324
Fax: (386) 437-7461 Human Services
437-7336 Senior Services
437-7367 Adult Day Care

Human Services Division Flaglercounty.org Fax: 386-437-7461

Applicant's Statement, Authorization for Release of Information

CHAPTER 837.06
"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable by imprisonment according to Florida Statute 775.082."

I hereby certify that I have been a resident of Flagler County for at least 3 months and declare my intention of remaining in Flagler County. By signing my name to this form, I am saying that the answers I give or have given are **true and complete** to the best of my knowledge. I know that if I give **wrong information or withhold information on purpose, I am breaking the State Law and am subject to penalties provided by Law, including the penalty for Perjury.**

I hereby grant permission and authorize any insurance company, employer, utility company, bank or financial institution of any kind or character to disclose to the Board of County Commissioners and/or the Flagler County Social Services Department/Human Services Division (FCHS) full information regarding any past, present, or pending earnings and assets. I hereby waive any privacy rights that I may have under State or Federal Law concerning my income, assets, liability or assistance received from such agency, and I further consent and request that any State or Federal agency having information concerning me, disclose same to the Board of County Commissioners of Flagler County, Florida or its agents.

I hereby grant permission to the Board of County Commissioners and FCHS to share information regarding my past, present or pending income and assets with other social service agencies that are providing financial assistance to me.

I also authorize the release of any medical and/or psychiatric or psychological information to the above-named parties.

I give my permission to the Flagler County Social Services Department/Human Services Division to forward any information as necessary to hospitals, physicians or other medical professionals involved in providing my medical care.

I understand that this form will be valid for the period of six months from the date it was signed.

I, _____ do swear or affirm that I am a resident of Flagler County, Florida and the
(Applicant's Name – Printed)
The information given on this application is true and complete. I have read and understand the above statements.

and releases.

Applicant Signature: _____

Date:_____