



113 West Broadway, Eagle Grove, IA 50533 • www.udmo.com • EOE

Phone: (515) 448-3407 • Fax: (515) 603-5923

APPLICATION FOR ASSISTANCE

Date: _____

Specify need: _____

Name: _____ Female Male

Household members: *(list everyone in home including self):*

	<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Relation to H of HH</u>	<u>Education Level</u>	<u>Gender</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____

Marital Status: Married Divorced Separated Widowed Single

Ethnic Background: (circle one) African American American Indian Asian Caucasian Hispanic
 Other: _____

Address: _____ PO Box _____
 City: _____ State _____ Zip _____

Are you a resident of Wright County? Yes No

Phone #: (____) _____ - _____ Message phone #: (____) _____ - _____

Previous address: _____

Reason moved: _____

Landlord name and address:

Monthly Expenses: (please complete all information)

Housing: Rent Buying Own Homeless Other: _____
Rent/mortgage payment: \$ _____ per month
Please circle if you receive: HUD MIRHA
Housing Type: House Mobile Home Duplex 5 or more units apt.
Landlord's name: _____
Address: _____

Gas/Electric company: _____ Payment per month: \$ _____
Under what name: _____
Are you on a budget plan? Yes No \$ _____ per month
Are you on a deferred payment? Yes No \$ _____ per month
Are you going to be disconnected? Yes No When: _____

Water company: _____ Payment per month: \$ _____
Are you behind on bill? Yes No
Are you going to be disconnected? Yes No When: _____

Phone company: _____ Payment per month: \$ _____
Are you behind on bill? Yes No
Are you going to be disconnected? Yes No When: _____

Cable company: _____ Payment per month: \$ _____
Are you behind on bill? Yes No
Are you going to be disconnected? Yes No When: _____

Propane company: _____ Payment per month: \$ _____
Are you behind on bill? Yes No What percentage fuel left? _____%

Food: How much do you pay for food per month(not including food stamps)? \$ _____

Non-Food items: How much do you pay per month? \$ _____

Child Care: How much do you pay for child care? \$ _____
Name of provider: _____ Phone #: _____

Child Support: Do you pay child support: _____ No _____ Yes \$ _____ per month
To whom: _____ Phone #: _____
Do you receive child support: _____ No _____ Yes \$ _____ per month
Child Support Recovery Number _____

Vehicle: Do you have vehicle payments? _____ No _____ Yes
Number of vehicles: _____ Payments per month: \$ _____
Vehicle insurance: \$ _____
How much do you pay for Dart Bus, taxi, or pay another person to transport? \$ _____ per month

Health Insurance: How much do you pay per month for the following:

Insurance premiums: \$ _____ Prescriptions: \$ _____

How much in medical bills do you owe? \$ _____

Are you on Medicaid (Title 19)? No Yes

List HH members on Title 19 _____

Income

(Please check which applies to you or anyone living in your household):

<input type="checkbox"/> FIP	\$ _____ per month	<input type="checkbox"/> Food Stamps	\$ _____ per month
<input type="checkbox"/> Social Security	\$ _____ per month	<input type="checkbox"/> Disability	\$ _____ per month
<input type="checkbox"/> SSI	\$ _____ per month	<input type="checkbox"/> Alimony	\$ _____ per month
<input type="checkbox"/> Child Support	\$ _____ per month	<input type="checkbox"/> Child Care	\$ _____ per month
<input type="checkbox"/> Employment	\$ _____ per month	<input type="checkbox"/> Unemployment	\$ _____ per month

Employment: *(For all people in household)*

Employer Name: _____ Phone #: _____

Address: _____

Supervisors name: _____

Full Time Part Time Temporary Seasonal

Hours per week: _____ Pay per hour: _____ Length of employment: _____

Employer Name: _____ Phone #: _____

Address: _____

Supervisors name: _____

Full Time Part Time Temporary Seasonal

Hours per week: _____ Pay per hour: _____ Length of employment: _____

Have you or anyone in your household in the last 6 months *(please check which applies)*:

Been fired from a job Quit a job Laid off from job

Drawn unemployment Been released from any job, hospital, treatment, and/or correctional facility

If yes to any of the above, please explain (and give dates):

Are you registered with Job Service of Iowa? No Yes

Assistance

In the last 6 months have you received any assistance from any of these agencies?

<input type="checkbox"/> Upper Des Moines	<input type="checkbox"/> County Relief	<input type="checkbox"/> FEMA	<input type="checkbox"/> DHS
<input type="checkbox"/> Project Aid	<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Red Cross
<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Veterans	<input type="checkbox"/> Other	

If yes, please explain: _____

Have you tried finding funding elsewhere before coming here? Yes No
Who? _____

Have you been a client of Upper Des Moines Opp. before? Yes No
What name? _____

Are you affiliated with any church or church organization? Yes No
Name: _____ Address: _____

What assistance are you needing from Upper Des Moines Opportunity at this time (please be specific):

What circumstances lead to your crisis situation?

Explain how you will prevent this from happening again:

Release of Information

I (We) do hereby certify that the information I (we) have given is true and request that Upper Des Moines Opportunity, Inc. seek assistance on my (our) behalf. I (We) hereby give permission for this information to be released and received by any and all human service providers. I (We) also understand and authorize that any business firm or agency, public or private, make the information given available to all providers requesting it. I(We) give Upper Des Moines Opportunity, Inc. and its representatives permission to verify any information on my (our) application and give my (our) release to those contacted to provide needed information, including confidential information regarding benefits, pensions, or other income forthcoming to me (us), to Upper Des Moines Opportunity, Inc. I (We) understand that if I (we) give false information that I (we) will not receive any assistance from Upper Des Moines Opportunity, Inc.
I (We) understand that assistance is based on donations received and governmental programs and that Upper Des Moines Opportunity, Inc. may not be able to find any assistance for me (us).

Client signature: _____ Date: _____

Spouse signature: _____ Date: _____

Witness (staff) signature: _____ Date: _____