MISSION 911

SERVICE REQUEST

REVIEW FOR CASE MANAGEMENT ☐ YES ☐ NO

SERVICE FOR:

☐ ELECTRIC ☐ WATER ☐ RENT ☐ OTHER COMPANY: _____

☐ MENTAL HEALTH ☐ FOOD PANTRY ☐ CLOTHING ☐ TRANSPORTATION

☐ HEALTH CARE/DENTISTRY ☐ ALCOHOL/DRUG PROGRAM ☐ HOMELESS PREVENTION ☐ EMPLOYMENT

CLIENT'S NAME: _____ DATE: _____

ADDRESS: _____ CITY, STATE ZIP: _____

DOB: _____ Phone: _____ or _____ EMAIL: _____

SERVICE FOR: ☐ YOU ☐ YOU & SPOUSE ☐ YOU, CHILDREN & FAMILY ☐ YOU & CHILDREN

MAR. STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOW ☐ COMM. LAW

WORK STATUS: ☐ UNEMPLOYED ☐ EMPLOYED ☐ DISABILITY ☐ RETIRED ☐ STUDENT

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

IF BEEN HERE BEFORE: DATE & AMT OF SUPPORT? _____ & _____

DUE DATE: _____ Service Disconnected ☐ YES ☐ NO Due Amount: _____

WHOSE NAME ON BILL? _____ RELATION TO BILL NAME: _____

AMOUNT TO KEEP SERVICES ON OR RESTORE? _____

CAN YOU PAY ANY OF AMOUNT? (IF YES HOW MUCH?) _____ Amt. Requested $ _____ -

We, the undersigned, hereby authorize Mission 911 to act on our behalf in all manners relating to our Account # _____ for payment assistance. This authorization is valid until further written notice from Mission 911. Furthermore, we understand that Mission 911 can only help a person / family once per year and we reserve the right to provide assistance at our discretion.

CLIENT SIGNATURE: **X** _____

Client gives permission over phone ☐ YES ☐ NO INTIALS: _____

***** OFFICE USE ONLY *****

☐ **Approved** ☐ **Denied** **Approved Amt.** $ _____ **Funding** _____

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WHAT IS YOUR ETHNICITY?			
	ALASKIAN NATIVE		AMERICAN INDIAN
	ASIAN OR PACIFIC ISLANDER		BLACK (NOT OF HISPANIC ORIGIN)
	HISPANIC - CUBAN		HISPANIC - MEXICAN
	HISPANIC - PUERTO RICAN		WHITE - HISPANIC ORIGIN
	WHITE (NOT OF HISPANIC ORIGIN		UNKNOWN

Are you a veteran? ☐ YES ☐ NO

Are you a victim of domestic violence? ☐ YES ☐ NO

How many adults live in the home? _____ Ages? _____

How many aged 17 and under live in the home? _____ Ages? _____

ALL HOUSEHOLD MONTHLY INCOME	AMOUNT
Social Security	
SSI	
VA Benefits	
TANF	
Food Stamps/SNAP	
Employment (GROSS AMT) (From all household member working)	
Self Employment Wages	
Unemployment Benefits	
Child Support	
Total	**$0.00**

Brief summary of situation.

_____

_____

How do you plan on maintaining future payments?

_____

_____

Additional Notes:

_____

_____

Sent to Case Management ☐ **YES** ☐ **NO** **Date:** _____

Mission 911
Client Confidentiality

Information on all people accepted into the programs of Mission 911 is protected by the Federal Law 42 CFR part 2. This means we cannot give any information about you or receive information about you from someone without your written consent. You will be asked to sign one or more releases of confidentiality forms, which will allow the counselor/employee to communicate with others in order to obtain specific and necessary information.

Federal law provides for the information about you from your file without written consent under these conditions:

1. | In case of a medical emergency were release of information to medical personnel may be necessary to assist in treating the emergency.

2. | If information in your file concerns child abuse or neglect.

3. | To law-enforcement officers when crimes occur on program premises.

4. | If, based on your statements, your counselor believes you are a threat to yourself or someone else.

5. | Disclosure is allowed by court order and subpoena.

By signing below, I signify that the client confidentiality statement has been explained to me and that I understand the client confidentiality statement.

Client Printed Name: _____ Date: _____

Client Signature: **X** _____

Client gives permission over phone ☐ YES ☐ NO INTIALS: _____