

## **Needs Request Form**

Name:       Date:         Address:       # In Family:       Adult:       Child:         City/State/ZIP:       Date of Birth :       Phone:       Can you receive texts?       Email:	<b>General Information:</b>						
City/State/ZIP:       Date of Birth :         Phone:       Can you receive texts?       Email:         Do you have? SS Card: Y / N       Photo ID: Y / N       Proof of Address: Y / N       What?	Name:			Date:			
Phone:       Can you receive texts?       Email:         Do you have? SS Card: Y / N       Photo ID: Y / N       Proof of Address: Y / N       What?	Address:			# in Family:	Adult:	Child:	
Do you have? SS Card: Y / N       Photo ID: Y / N       Proof of Address: Y / N       What?	City/State/ZIP:			Date of Birth :			
Need Information:         What need do you need help with? What is going on? (giving sufficient details will help us process your request more quickly)         Please note , that generally COM can only assist in the following areas: Food, Transportation expenses, utility/rent assistance, shelter for emergency situations         What have you already tried to solve this challenge? What resources have you already contacted?         (For Rent/Utility assistance) How much was this bill the previous three months and how did you pay for those bills?         Do you currently have a budget or a plan to pay for next month's bill?         Assets/Skills Information:         Are you currently employed? Y / N         If "yes," where?         If "no," what is your current source of income?         What are three skills or talents that you are good at or enjoy doing?         1	Phone:	Can you red	ceive texts?	Email:			
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2	What are three skills or talents that you are good at or enjoy doing?						
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Additional Info:				
We have various ways and programs to possibly assist with your financial need. The following questions will help us direct you to the best program fit for your specific situation:				
Will you have a larger crisis if this need is not met within 3 days? Y / N Please explain:				
Are you willing to volunteer a few hours to help the community to earn a voucher to pay your bill? $$ Y / N				
Are you willing to sit down with an ally to review your monthly income and spending to build a budget to pay future bills? Y / N				
<ul> <li>What is the current situation with food in your household? (<i>check any that apply</i>)</li> <li>Currently hungry with no food in the house</li> <li>Not enough food storage in house or lack ability to cook food</li> <li>I have food, but use the food pantry/SNAP/WIC to help with groceries</li> </ul>				
$\Box$ I have food and do not use program assistance in getting groceries				
<ul> <li>What is the current housing situation?</li> <li>Currently living on the street, in my car, or otherwise homeless</li> <li>Currently couch surfing with friends or family</li> <li>I rent or own a home but expect to be homeless within 30 days</li> <li>I rent an apartment or house</li> <li>I own my house</li> </ul>				
<ul> <li>What is the current transportation situation? (<i>check any that apply</i>)</li> <li>I have no transportation and rely on walking</li> <li>I have a bike or motorcycle</li> <li>I have friends or family who can reliably give me rides</li> <li>I lease or own a vehicle that is unreliable or unsafe</li> <li>I lease or own a vehicle that is reliable and safe</li> </ul>				
Do you currently have a title loan or payday loan you owe money for? $Y / N$				
What day and time during the week works best for an appointment for you?				
Certification:				
I attest that all the above facts are true, honest, and accurate to the best of my knowledge. I understand that being dishonest about my situation not only may delay help or disqualify me from assistance, but will make it harder for COM to support me in moving to greater stability in my life.				
Signature: Date:				