



VOLUSIA COUNTY HUMAN SERVICES FAMILY NEEDS/EXPENSES ASSESSMENT

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: CELL _____ HOME _____

CITY: _____ STATE: _____ ZIP CODE: _____

I. HOUSEHOLD COMPOSITION (Please list all household members)

NAME	RACE	SEX	DATE OF BIRTH	MARITAL STATUS	RELATION	SOCIAL SECURITY (LAST 4 DIGITS ONLY)	HIGHEST GRADE COMPLETED
					HEAD	XXX-XX-	
						XXX-XX-	
						XXX-XX-	
						XXX-XX-	
						XXX-XX-	
						XXX-XX-	

II. CRISIS

1. Briefly describe the crisis that caused you to apply for emergency assistance and what date did it begin: _____

2. What service(s) are you applying for with Human Services? (Specify): _____

3. What is your plan for providing for your monthly expenses next month if you were not able to meet them this month?

III. EMPLOYMENT (for EVERYONE IN HOUSEHOLD)

A. (Self)

- 1. Are you employed? Yes No
- 2. Any other Household members employed? Yes No
- 3. If unemployed, have you registered for work? Yes No
- 4. Applied for Unemployment Compensation? Yes No
- 5. What kind of work do you do? _____
- 6. Are you seeking employment? Yes No
- 7. Do you receive disability benefits? Yes No
- 8. What prevents you from obtaining employment? _____
- 9. When were you last employed? _____
- 10. Where were you last employed? _____
- 11. Reason for unemployment? _____

B. _____ (Name)

- 1. Are they employed? Yes No
- 2. Any other Household members employed? Yes No
- 3. If unemployed, have they registered for work? Yes No
- 4. Applied for Unemployment Compensation? Yes No
- 5. What kind of work do they do? _____
- 6. Are they seeking employment? Yes No
- 7. Do they receive disability benefits? Yes No
- 8. What prevents them from obtaining employment? _____
- 9. When were they last employed? _____
- 10. Where were they last employed? _____
- 11. Reason for unemployment? _____

C. _____ (Name)

- 1. Are they employed? Yes No
- 2. Any other Household members employed? Yes No
- 3. If unemployed, have they registered for work? Yes No
- 4. Applied for Unemployment Compensation? Yes No
- 5. What kind of work do they do? _____
- 6. Are they seeking employment? Yes No
- 7. Do they receive disability benefits? Yes No
- 8. What prevents them from obtaining employment? _____
- 9. When were they last employed? _____
- 10. Where were they last employed? _____
- 11. Reason for unemployment? _____

D. _____ (Name)

- 1. Are they employed? Yes No
- 2. Any other Household members employed? Yes No
- 3. If unemployed, have they registered for work? Yes No
- 4. Applied for Unemployment Compensation? Yes No
- 5. What kind of work do they do? _____
- 6. Are they seeking employment? Yes No
- 7. Do they receive disability benefits? Yes No
- 8. What prevents them from obtaining employment? _____
- 9. When were they last employed? _____
- 10. Where were they last employed? _____
- 11. Reason for unemployment? _____

IV. SOCIAL SERVICES

What assistance does your family receive? (Check all that apply)	Currently Receiving	Received in Past
Child Support- Court Order No: _____ State: _____		
TANF		
Food Stamps- Amount: \$ _____		
Medicaid		
Medicare		
Partnership for Workforce Development (PWD)		
Section 8/Public Housing		
Section 8 Utility Reimbursement Amount: \$ _____		
Social Security		
SSI/ SSD		
Unemployment Compensation		
Worker's Compensation		
Veterans Benefits		
WIC		
Pension Type: _____ Amount: \$ _____		

V. ADDITIONAL MONTHLY FINANCIAL SUPPORT (Please list all support you receive from relatives and/or friends.)

TYPE OF SUPPORT PROVIDED	AMOUNT	CASH	* IN-KIND
Rent or Mortgage Payment			
Electric Bill			
Telephone Bill			
Water Bill			
Gas Bill (Heating and Cooling)			
Car Insurance Payment			
Car Payment			
Gasoline for Car			
Medical Expenses			
Food			
Daycare/ After School Care			
Child Care (Diapers, School Expenses, etc)			
Household Supplies (Cleaning, Paper Products, Laundry Soap, Etc).			
OTHER:			

* If an individual pays for a service in lieu of giving you money enter the amount they pay under in-kind.

VI. MONTHLY HOUSEHOLD PAYMENTS YOU PAY EACH MONTH

<i>TYPE OF EXPENSE</i>	<i>AMOUNT</i>
Rent or Mortgage Payment	
Electric Bill	
Telephone Bill	
Water Bill	
Gas Bill (Heating or Cooling)	
Car Insurance Payment	
Car Payment	
Gasoline for Car	
Cab and/or Bus Fare	
Medical Expenses	
Food	
Day Care/ After School Care	
Child Care Expenses (Diapers, School Expenses, Etc.)	
Child Support Payments- Paid Out Amount	
Court Ordered Payments	
Household Supplies (Cleaning, Paper Products, Laundry Soap, Etc.)	
Payments To IRS	
OTHER:	

VII. OTHER Are you willing to do volunteer work? Yes No

If yes, please indicate days and hours available:

<u>Day</u>	<u># Hours Available</u>	<u>Time Available</u>
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____		

Written Statement Regarding the Collection and Use of Social Security Numbers

This statement is being provided to you pursuant to Section 119.071(5) Florida Statutes. The Community Assistance Division is required by 24 CFR 5.210 to collect the social security number(s) of applicant(s) and their household members, if any.

Social security numbers are unique numeric identifiers that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

Signature of Applicant

OFFICE USE ONLY

<i>Total Estimated Monthly Expenses</i>	<i>Total Gross Income (Monthly)</i>	<i>Total Net Income (Monthly)</i>

___ Referred to FSS ___ Referred to other Agency ___ Not Referred