



HUMAN SERVICES FAMILY NEEDS/EXPENSES ASSESSMENT

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: CELL _____ HOME _____

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	TOTAL ANNUAL INCOME	Income Documents	Disable	Veteran
					Head of Household	XXX-XX-					
						XXX-XX-					
						XXX-XX-					
						XXX-XX-					
						XXX-XX-					
						XXX-XX-					

II. CRISIS

1. Please complete this question only if you are applying for emergency assistance. Briefly describe what unforeseen experience happened that made it impossible for you to meet your financial obligations toward your basic necessities. **Please be specific:**

2. What service(s) are you applying for with Human Services today? **Please be specific:** _____

3. How do you plan to meet your monthly expenses next month if you were not able to meet them this month? **Please be specific:**



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III. EMPLOYMENT (for EVERYONE IN HOUSEHOLD)

A. (Self)

1. Are you employed? Yes No
2. If unemployed, have you registered for work? Yes No
3. Have you applied for Unemployment Compensation? Yes No; If yes, Approved , Denied , Pending
4. What type of work do you do? _____
5. Are you seeking employment? Yes No
6. Do you receive disability benefits? Yes No
7. What prevents you from obtaining employment? _____
8. Date(s) of last employment: _____
9. Where were you last employed? _____
10. Reason for unemployment? _____
11. Any other household member(s) employed? Yes No

B. _____ (Name) Relationship: _____

1. Are they employed? Yes No
2. If unemployed, have they registered for work? Yes No
3. Have they applied for Unemployment Compensation? Yes No; If yes, Approved , Denied , Pending
4. What type of work do they do? _____
5. Are they seeking employment? Yes No
6. Do they receive disability benefits? Yes No
7. What prevents them from obtaining employment? _____
8. Date(s) of last employment: _____
9. Where were they last employed? _____
10. Reason for unemployment? _____
11. Any other household member(s) employed? Yes No

IV. SOCIAL SERVICES

Please check all the assistance that your household may be receiving from other agencies. (Check all that apply) You must provide current documentation (award letter, print out, etc.)

	<i>Currently Receiving</i>	<i>Received in Past 90 days</i>
Child Support- Court Order No: _____ State: _____		
TANF		
Food Stamps- Effective Date: _____		
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(s) Type: _____		

V. ADDITIONAL MONTHLY FINANCIAL SUPPORT

If you are receiving financial support from family members, friends, etc., that do not live in your household, a County of Volusia Self Declaration of No Income form must be completed and notarized. Please request this form from the receptionist.



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VI. MONTHLY HOUSEHOLD EXPENSES

<i>EXPENSES</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 (Specify):	

DECLARATION:

I hereby declare that the above information is correct to the best of my knowledge and belief. I authorize the County of Volusia to verify any information I have provided regarding my income by waiving my rights to privacy concerning such records. I fully understand that any information provided above, if proved incorrect or false will lead to my application being rejected and assistance denied for the remainder of the fiscal year. If it is determined after assistance is provided that I did not provide correct information future assistance will be denied for the remainder of the fiscal year. The County of Volusia fiscal year is from October 1st through September 30th.

I also give the County of Volusia permission to release any information on this Family Needs Assessment to agencies which I may be referred for assistance or services.

Social security numbers are unique numeric identifiers that are used by this office to identify, verify, track and search information in conjunction with an individual's application for assistance. The County of Volusia 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

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OFFICE USE ONLY

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

Case Worker: _____ Date: _____

Referred to FSS
 Referred to another Agency
 Not Referred