



Application for Services

Please take a few minutes to complete this application package. Information provided must encompass all household members and their information must be presented at time of application. Failure to complete this application in full may result in a delay or no service. **For pages 3-12, only complete them for the number of people who are residing in your household.** There are enough pages in this packet to provide information up to ten (10) household members.

Name of Applicant (Head of Household): _____

Street Address (include apt. #): _____

City, State Zip Code: _____

Phone Number: _____

Date of Application: _____

Identify which of the following service(s) you are applying for today. Check all that apply:

_____ Electric (or gas/propane)

_____ Water

_____ Rent or Mortgage

_____ Dental Extraction

_____ Prescription Assistance

_____ Indigent Cremation/Burial

_____ Transportation

Household Information

Answer the questions on this page about your entire household

1) Which of the following best describes your housing situation:

- ☐ Own
- ☐ Rent
- ☐ Other Permanent Housing
- ☐ Homeless
- ☐ Other

2) Which of the following best describes your household's composition:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Single Person | <input type="checkbox"/> Non-related |
| <input type="checkbox"/> 2 Adults/No Kids | <input type="checkbox"/> Adults with |
| <input type="checkbox"/> Single Female Parent | <input type="checkbox"/> kids |
| <input type="checkbox"/> Single Male Parent | <input type="checkbox"/> Multi-Gen |
| <input type="checkbox"/> 2-Parent | <input type="checkbox"/> Other |

3) How many people, including yourself, live in your household:

4) Does any person in the household receive wages/salary from employment:

- ☐ No
- ☐ Yes

5) Check all boxes below that apply to your household if a member meets the following:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Child 5 or younger | <input type="checkbox"/> 60 or older |
| <input type="checkbox"/> Child 0 –2 | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Child 3—5 | |

6) Identify any “other” income sources any person in the household receives:

- ☐ TANF
- ☐ SSI
- ☐ SSDI
- ☐ VA-Service Connected Disability
- ☐ VA– Non Service Connected Disability
- ☐ Private Disability Insurance
- ☐ Worker’s Compensation
- ☐ Retirement Income from Social Security
- ☐ Pension
- ☐ Child Support
- ☐ Alimony or other spousal support
- ☐ Unemployment Insurance
- ☐ EITC
- ☐ Other

7) Identify any “non-cash” income sources any person in the household receives:

- ☐ SNAP
- ☐ WIC
- ☐ LIHEAP
- ☐ Housing Choice Voucher
- ☐ Public Housing
- ☐ Permanent Supportive Housing
- ☐ HUD-VASH
- ☐ Childcare voucher
- ☐ Affordable Care Act Subsidy
- ☐ Other

Individual Person Information (Head of Household)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: SELF

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

10) Identify this person's marital status:

_____ Single _____ Divorced

_____ Relationship _____ Widowed/er

_____ Divorced

Individual Person Information (Additional Member #1)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #2)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #3)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #4)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #5)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #6)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #7)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate:

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #8)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Individual Person Information (Additional Member #9)

Provide information on each person residing in the household

Name of Person: _____

Social Security #: _____

Relationship to Head of Household: _____

1) Gender:

_____ Female

_____ Male

2) Birthdate

3) Highest level of education obtained:

_____ Grade 0-8 _____ 2/4 Yr. Degree

_____ Grade 9-12 Non-Grad _____ Grad. Degree

_____ High School/GED

_____ Some Post-Secondary

4) Does this person have a disability:

_____ No

_____ Yes

5) Identify the type of health insurance this person has:

_____ Medicaid _____ Direct Buy

_____ Medicare _____ Employer

_____ State CHIP _____ None

_____ State for Adult

_____ Military

6) Identify this person's ethnicity:

_____ Hispanic/Latino

_____ Not Hispanic/Latino

7) Identify this person's race:

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian and other Islander

_____ White

_____ Other

_____ Multi-Race (2 or more from above)

8) Identify this person's military status:

_____ Veteran

_____ Active Military

_____ No Military Association

9) Identify this person's employment status (only for those 18 years or older):

_____ Full-Time

_____ Part-Time

_____ Migrant Seasonal Farm Worker

_____ Unemployed (6 months or less)

_____ Unemployed (6 months or more)

_____ Unemployed (not in labor force)

_____ Retired

Household Income Information

Provide all household income information for the previous 30 days prior to this application date. All reported income must be supported with documentation.

Household Member	Source of Income	Gross Amount 30 Days Prior to Application

Briefly describe your situation which is resulting in your applying for assistance from Volusia County Human Services:

DECLARATION

I hereby declare that the information provided in this packet to be 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, if proved incorrect or false, will lead to my application being rejected and assistance denied for the remainder of the fiscal year or longer. If it is determined after assistance that I did not provide correct information future assistance will be denied for the remainder of the calendar year or longer. The County of Volusia fiscal year is October 1st through September 30th.

I also give the County of Volusia permission to release any information on this application for assistance to agencies which I may be referred for assistance or services and to contact entities which may be required to verify eligibility for assistance.

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 government agency to perform its duties and responsibilities.

Signature of Applicant

Date

OR

Signature of Authorized Representative
(if applicable)

Date