Dear Client

For Major Assistance read and follow the application process below.

1. Fill out the major assistance application at home. (PAGES 1,2,3)

 A. Print neatly (if we can’t read it, NO HELP WILL BE GIVEN)

 B. Answer all questions. If one question is not applicable to you print N/A.

 C. Provide copies (If Possible) of bills needing assistance.

 D. Contact two Agencies on the Economic Assistance Resource Sheet (PAGES 5& 6)

 E. Record date, agency contacted, person you talked with and advice or help given

 on (Lower half of PAGE 2).

1. Return **completed** application to client service box by ministry office.
2. You will be contacted by a board member to arrange a home visit.

 A. Your phone may show a “Blocked Number” when contacted by board member.

 B. If you do not answer, a message will instruct you when they will call again.

 C. No more than two attempts will be made.

For In-Kind Request follow the below process.

 1. Fill out the major assistance application at home. (PAGES 1.2,3)

 A. Print neatly (if we can’t read it, NO HELP WILL BE GIVEN)

 B. Answer all questions. Fill with (N/A) if not applicable to you

 2. Fill out the In-Kind Request Data Sheet. (PAGE 4)

 3.. Return completed application to client service box by ministry office.

 4. You will be contacted by phone if your request is accepted and when you

 can pick up your items.

**KEEP PAGES 5,6 AND SECOND HARVEST PANTRY PROGRAM**

** PAGE 1**

 **Application Form for Assistance**

 **St. Vincent de Paul**

 720 East Lake Street in Lake Mills, WI 53551

Applicant Name (Print Please) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit Number \_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Number of years living at the above address \_\_\_\_\_\_\_\_\_\_ Number of people living in the residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full time\_\_\_\_ Part-time\_\_\_\_ Wages weekly monthly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle assistance currently receiving: WIC W-2 Badger Care Food Share Salvation Army CAC Food Pantry CART

Have you ever received help from St. Vincent de Paul : Yes or No City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type** **of Help Needed now:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason** **Needed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount** **Needed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bill *business name, address, phone number, and account number for the agency/person for each bill which you* are seeking assistance ( copy of bills if possible )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We usually schedule home visits on weeknights and weekends. You will be contacted to schedule this visit. The caller

ID will display an unrecognized number and sometimes a blocked number. Please answer your phone. Client acknowledges receiving and reading information regarding the application process and procedure. Client also authorizes St. Vincent de Paul to verify all information supplied and discuss case with board members, agencies, institutions, acquaintances having knowledge of situation, employers, landlords and law enforcement. Making a false statement will result in **NOT** receiving assistance.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Member #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results:

Amount Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAGE 2**

Household Information Sheet

Name Relationships Birthdate Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_SELF\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

If income is listed enter name of employer here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECONOMIC ASSISTANCE RESOURCE SHEET RESULTS

 YOU MUST CONTACT TWO AGENCIES

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON YOU TALK WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVICE OR HELP RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON YOU TALK WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVICE OR HELP RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAGE 3**

Budget Sheet

###  Monthly Expenses

RENT/MORTGAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELECTRIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WATER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL COPAYS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTO/HOME INSURANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUT-OF-POCKET FOOD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GAS FOR AUTO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAR PAYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CABLE/INTERNET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD CARE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD SUPPORT PAID OUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL SUPPLIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSEHOLD SUPPLIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL EXPENSES=** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer this amount to “total expenses” area at right.

Write all amounts you pay as expenses and receive as income for the entire month in the appropriate columns.

###  Monthly Income

**A. APPLICANT**

DISABILITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNEMPLOYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# B. SPOUSE/PARTNER/ROOMMATE/OTHERS

DISABILITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNEMPLOYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. ADDITIONAL INCOMES**

ALIMONY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD SUPPORT RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSDI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISABILITY FOR CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<FOODSHARE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>

--**do not include** in total income amount

**TOTAL INCOME=\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer this amount to “total income” area below.

Do the math below by subtracting expenses from income.

## TOTAL INCOME $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TOTAL EXPENSES $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  NET FLOW = POSITIVE OR NEGATIVE

##  circle one above after subtracting math problem above

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAGE4**

**In-Kind Request Data Sheet**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of clients receiving In-Kind Items: Male\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_ Children\_\_\_\_\_\_

Clothing Number of Items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Cost\_\_\_\_\_\_\_\_\_\_\_\_

Kitchen: Number of Items\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost\_\_\_\_\_\_\_\_\_\_\_\_

Furniture: Number of Items\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cost\_\_\_\_\_\_\_\_\_\_\_\_

Miscellaneous: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AIR** Mattress Size: Twin\_\_\_\_ $5 Queen\_\_\_\_ $10 Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL COST ALL ITEMS $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**

**PAGE 5**

**Economic Assistance Resource Sheet—For Clients to Keep**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Type of Assistance** | **Location** | **Phone Number** |
| Community Action Coalition—Jefferson Co. | Crisis Assistance and Referrals for Other Assistance | 114 East Main Street Watertown | 920-262-9667 |
| Community Action Coalition-Dane Co. | Crisis Assistance and Referrals for Other Assistance | 1717 North Stoughton Road Madison | 608-246-4730 |
| Jefferson County Human Services | Economic Assistance: Food Share, Badger Care, Day Care Assistance, W-2Employability Skills | Workforce Development 874 Collins Road Jefferson | 920-674-7500 |
| Dane County Human Services | Economic Assistance: Food Share, Badger Care, Day Care Assistance, W-2 | 1819 Aberg Avenue Madison | 888-794-5556 |
| Aging Disability Resource Center ADRC | Resource Center for Adults 60+ years and the Disabled | 1541 Annex Road Jefferson | 920-674-8734 |
| Energy Services Jefferson County | Energy Bill Assistance | 402 Madison Avenue Fort Atkinson | 920-568-0604 |
| Energy Services Dane County | Energy Bill Assistance | 1225 South Park Street Madison | 608-267-8601 |
| Community Dental Clinic | No Cost/Low Cost Dental Care | 520 Handyside Lane Fort Atkinson | 920-563-4372 |
| Rock River Medical Clinic | Free Medical Care for Uninsured | 1541 Annex Road Jefferson | 920-674-7442 |
| Watertown Area Cares Clinic | No Cost/Low Cost Medical Care | 415 South 8th Street Watertown  | 920-206-7797 |
| Salvation Army  | Small Amounts of Emergency Funding for Immediate Needs  | Nina Hanfler | 920-204-3301(Jefferson Co)Johnson Creek, Lake Mills, Fort Atkinson, Jefferson |
| Salvation Army  | Small Amounts of Emergency Funding for Immediate Needs | Henry MessWatertown Senior Center | 920-297-0137(Jefferson Co) Ixonia, Watertown, Waterloo |
| Rural Housing Incorporated | Rental Assistance | 4506 Regent StreetMadison | 608-238-3448 |
| Legal Action  | Free Legal Advice/Assistance  | 31 South Mills Street Madison  | 608-256-3304855-947-2529 |

**PAGE 6**

|  |  |  |  |
| --- | --- | --- | --- |
| Ready Kids For School | $1 per Child’s School Supplies for Jefferson County Families in Need | Qualify and Register in mid-July; distribution in early August | Register at WorkForce Development at 874 Collins Road, Jefferson. Pick up supplies at Jefferson County Fairgrounds at 503 North Jackson. 920-674-7500 |
| Christmas Neighbors | Christmas presents for families in Need | Fairgrounds Jefferson | 920-674-4499 |
| Katie’s Closet | Medical Equipment Free Lending Warehouse | 404 Wilmont Dr. Unit D Waukesha | 262-746-9034 |
| PADA | Support from Counseling to Job Search, from Child Care to Crisis intervention, from Legal Assistance to Financial Empowerment Training, and More | Jefferson | Hotline (24/7) 1-800228-7232 Jefferson Office 920-674-6768 |
| GoodRx  | Prescription savings at any pharmacy  | a computer website and app for iOS and android phones  | goodrx.com  |
| VITA and TCE  | Volunteer Income Tax Assistance and Tax Counseling for the Elderly | Local libraries and senior centers | 1-800-906-9887 or visit [www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers](http://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers) |
| Indeed | A web site to post your resume and view available jobs in your field and location | A computer website | indeed.com |
| Community Dinner | Free Meal With Community Members | Lake Mills EMS Building 603 East Lake Street | 3rd Wednesday of every month 5-7 pm |
| Lake Mills Food Pantry | Tuesdays 8:30-10:30 am and Thursdays 6-8 pm | St. Vincent de Paul720 East Lake Street | 920-945-0382 |
| Johnson Creek Food Pantry | Mondays and Thursdays 10-2 pm | St. John’s Lutheran Church 129 Watertown Street | 920-699-2471 |
| Cambridge Food Pantry | Mondays 5:30-7 pm | Nikolay Middle School 211 South Street | 608-423-8142 |
| Deerfield Food Pantry | Wednesdays 12:30 -2:30 pm 2nd Saturday 9-11 am 4th Thursday 6-8 pm | Deerfield Community Center 3 W Deerfield Street | 608-764-5935 |

SECOND HARVEST MOBILE FOOD PANTRY—CALL608-223-9121 FROM 8:30AM TO 5:00PM

Marshall – Waterloo /Holy Trinity Church 605 Madison St. / Last Friday of Month 2pm.

Ft. Atkinson / St. Joseph’s Catholic Church 1660 Endl Blvd. / 2nd Thursday of Month 2 pm.