ICO Client Number: | New Client Original Date: / / | Interview Volunteer(s): 1) _____ 2) _____

Last Name: | First Name: | MI: | Birth date: / /

Identification Type: | Identification Number:

Home Phone: | Cell Phone: | Other Phone:

E-Mail Address:

Race: American Indian ☐ Asian ☐ Black ☐ Latino ☐ Pacific Islander ☐ White/Caucasian ☐ Other ☐

Mailing Address:
Street | City | St | Zip | County

Physical Mailing Address:
Street | City | St | Zip | County

Past Mailing Address:
Street | City | St | Zip | County

FAMILY STATUS

Divorced: ☐ Married: ☐ Separated: ☐ Single: ☐ Widowed: ☐

Spouse Name: | Birth date: / /

Other person(s) living with you (Use another page if needed):

Name:		Age:		School:		Relationship:		Birth Date:	/ /
Name:		Age:		School:		Relationship:		Birth Date:	/ /
Name:		Age:		School:		Relationship:		Birth Date:	/ /
Name:		Age:		School:		Relationship:		Birth Date:	/ /
Name:		Age:		School:		Relationship:		Birth Date:	/ /

SPECIAL NEEDS

Disability SSI: ☐ Handicap Aids: ☐ Mental Impairment: ☐ Health Impairment: ☐ Hearing Impariment: ☐ Mobility: ☐
Learning Impairment: ☐ Speech Impairment: ☐ Visual Impairment: ☐ Other:

Type of assistance you need today and reason?

What have you done to address these issues?

What other agencies have you contacted? | *When?* / /

Why is this request considered a temporary gap? What will be different next month?

Who referred you? How did you hear about us?

Social Service Assistance

Currituck Social Services: ☐ Dare County Social Services: ☐ Health Department: ☐

Do you receive help from any of the following programs?

Medicaid: ☐ NCHC: ☐ WFFA: ☐ Food Stamps: ☐ Section 8 housing: ☐ WIC: ☐ SSI/Disability: ☐ EIC: ☐

Other:

Name and phone of DSS Caseworker: (Phone):

Household Income and Expenses

Person 1 Income:

Name:

Weekly: $ Bi-Weekly: $ Monthly: $ Other: $

Person 2 Income:

Name:

Weekly: $ Bi-Weekly: $ Monthly: $ Other: $

Present Employer: Supervisor:

Address: Phone:

Profession Type:

Employment Type: Full Time: ☐ Part Time: ☐ Temporary: ☐ Seasonal: ☐

Past Employer: Supervisor:

Address: Phone: Date Worked: / /

Name of Bank: Checking Balance Savings Balance

Expenses:	*Monthly Expenses*	*AMT. Behind*	*List "Other" Expense*
Mortgage/Rent			
Car/Transportation			
Utilities			
Cell Phone			
Cable			
Food			
Total Other:			

Are you a member of a local church? Yes ☐ No ☐

Are you a Veteran? Yes ☐ No ☐

I certify that the information on both sides of this form is true and correct. Falsified information will result in denial of assistance. I give Interfaith Community Outreach (ICO) permission to verify any information necessary to determine my eligibility for Emergency Assistance. I authorize ICO to discuss my household's situation with members of Dare and Currituck County DSS, Food Pantry, Hotline, Health Department and any other individuals or organizations necessary to determine the need and identify appropriate assistance. I understand that there are regulations protecting the confidentiality of authorized information to verify assistance received or denied. I hereby acknowledge that this consent is truly voluntary and is valid for 180 days. I understand that I may revoke this consent at any time except to the extent that information has already been released before I revoke it.

Client Signature: _____ ***Date:*** _____