

GRASP

NEEDS AND AUTHORIZATION FORM

Name _____

Client needs assistance with these Services or Utilities (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Chester Metropolitan | <input type="checkbox"/> Food |
| <input type="checkbox"/> Duke Energy | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Fairfield Electric | <input type="checkbox"/> Mitford Rural Water District |
| <input type="checkbox"/> Chester County Natural Gas | <input type="checkbox"/> Other _____ |

Amount of Assistance Requested \$ _____
(Copy of Bill Required)

Email address: _____

AUTHORIZATION

Data contained in this communication is for use by authorized personnel and will not be disclosed to any person not authorized to receive this information in accordance with the Privacy Act of 1974.

I, the undersigned, hereby authorize representatives of GRASP of Great Falls to give or receive any information that may be required to verify my financial status. Also, I give permission to GRASP representatives to give required information to other agencies, if needed, to secure assistance from those agencies.

Furthermore, I certify the information provided on this application to be true and correct to the best of my knowledge. I understand that if such information is found to be incorrect or false, I forfeit the right to receive assistance from GRASP both now and in the future.

Printed Name _____ Signature _____

Signature of GRASP Representative _____

Decision and Date (*Finance Officer*) _____

Have you or anyone in your household been affected by COVID-19? (Circle one) YES NO

Revised 04/04/2022

Date: _____

Please list all expenses for this month or previous month.

Volunteers, please fill in the name of landlord or mortgagor.

Description	Paid Monthly	Name of Company	Paid By
Rent/Mortgage			
Water: CMD, Mitford Rural Water			
Power: Duke, Fairfield Electric			
Cell Phone			
House Phone			
Cost of Food (amount spent on food)			
Heat Source (Nat. Gas, Propane, Power, etc.)			
Cable/satellite			
Internet			
Car insurance			
Car payment			
Life insurance			
Child Care			
Child Support Paid			
Loans/Credit Cards			
Loans/Credit Cards			
Loans/Credit Cards			
Household Supplies (include laundry expenses)			
Entertainment Expense			
Transportation Costs			
Medical Bills			

Total Monthly Bills: _____

Income/Assistance Received from	Client	Spouse	Friend
Family Independence (if none, Why not)			
Child Support Received			
SSI or SSA			
Disability			
Retirement			
Assistance Last 3 mos.-Other organizations			
Unemployment			
Wages (to figure monthly-do weekly x 4.3)			
Rental assistance received			
Utility Assistance received			
Misc. Income			

Total Monthly Income: _____

Does client receive SNAP? YES NO Amount: \$ _____

Does Client receive Medicaid? YES NO

Does Client have Medicare? YES NO

Date: _____

Interviewer: Please be sure to answer each question in full

Client's present employer: _____ **How long?** _____

Unemployed? Why? _____
_____ **How long?** _____

Employer of spouse or other adult in the home: _____
_____ **How long employed?** _____

If spouse/other adult is not employed, why not? _____
_____ **How long?** _____

How much can the client pay on their utility request? _____

If GRASP is able to help you through this crisis, what is your financial plan going forward?

Was Client advised to reduce telephone and cable bills? YES NO

Reason Client needs assistance:

Interviewer Signature: _____

Date: _____