

Date: _____

GRASP NEEDS AND AUTHORIZATION FORM

Date _____

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 Water and Sewer |
| <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 _____

R6/12/17

Date: _____

GRASP Confidential Application

*Date: _____

*Name: _____ *Maiden Name: _____

*Mailing Address _____

*Street Address _____

* How long at this address? _____ County _____

*Email address: _____

*Phone: Cell: _____ Home: _____ Emergency: _____

*Male or Female

*Race: Asian/Pacific Islander Black (non-Hispanic) White (non-Hispanic) Hispanic
Other _____

*Marital Status: Single _____ Married (date) _____ Widowed (date) _____
Divorced (date) _____ Separated (date) _____

Referred by: _____

Church: _____ Representative: _____

*How did client get here today? Came in own car _____
Make Model

Bike/Motorcycle Walked Paid to get ride Rode with friend Borrowed

Are you disabled? Yes No
Anyone in your household disabled? Yes No

Are you a veteran? Yes No
Anyone in your household a veteran? Yes No

Education: _____ High School – Incomplete
_____ High School/GED
_____ College

Date: _____

Driver's License number _____ (copy required)

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			
Power: Duke, Fairfield Electric			
Cell Phone -			
House Phone -			
Clothing			
Cost of Food			
Heat Source (Nat. Gas, Propane, Power, etc.)			
Cable/satellite			
Internet			
Car insurance			
Car payment			
Life insurance			
Medical Insurance			
Child Care			
Child Support Paid			
Loans/Credit Cards			
Loans/Credit Cards			
Loans/Credit Cards			
Household Supplies			
Entertainment Expense			
Transportation Costs			
Laundry Costs			
Medical			

Total Monthly Bills: _____

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

Total Monthly Income: _____

Date: _____

Interviewer: Please be sure to answer each question in full

Client's present employer: _____ How long? _____

Client's former employer: _____ How long? _____

Unemployed? Why? _____

_____ How long? _____

Employer of spouse or other adult in the home: _____

_____ How long employed? _____

Former employer of spouse or other adult: _____ How long? _____

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

_____ How long? _____

What is the emergency, or what out of the ordinary, caused the client to come to us for help?

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? _____

Interviewer, please give your opinion as to how and why this client needs to be helped: _____

Does Client receive Food Stamps? YES NO Amount \$ _____

Does Client receive Medicaid? YES NO

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

Interviewer: _____

Notes: