

**BLESSED SACRAMENT OUTREACH OFFICE**

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Do you received Medicaid \_\_\_\_\_ SSI \_\_\_\_\_ Food Stamps \_\_\_\_\_ SSI for Child \_\_\_\_\_  
AFDC/TANF \_\_\_\_\_ (or) Are you a resident of public housing? \_\_\_\_\_

**PLEASE PRINT INFORMATION OF ALL OTHER PERSONS LIVING IN YOUR HOUSEHOLD**

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MONTHLY INCOME:**

Employment Wages \_\_\_\_\_

If Unemployed, how long? \_\_\_\_\_

Social Security Income \_\_\_\_\_

Social Security Assistance \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Child Support \_\_\_\_\_

SS Disability Insurance \_\_\_\_\_

Pension \_\_\_\_\_ Workmen's Comp \_\_\_\_\_

**MONTHLY EXPENSES:**

Rent/Mortgage \_\_\_\_\_

Telephone \_\_\_\_\_

Insurance \_\_\_\_\_

Electric \_\_\_\_\_

Cable TV \_\_\_\_\_

Child Support \_\_\_\_\_

Water \_\_\_\_\_

Car Payment \_\_\_\_\_

Other \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

**SIGNING THIS FORM GIVES THE OUTREACH OFFICE THE PERMISSION TO RELEASE THE INFORMATION CONTAINED HERE TO OTHER PRIVATE OR GOVERNMENTAL AGENCIES IN AN EFFORT TO SECURE ADDITIONAL BENEFITS AND/OR CONFIRM THE INFORMATION HERE-IN CONTAINED.**

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_