



WESTERN WAKE CRISIS MINISTRY (WWCM) FINANCIAL AID INTAKE FORM

Today's Date: ___/___/___

First Name: _____ Middle Initial: _____ Last Name: _____
Street Address: _____ City _____ Zip code: _____
Email address: _____ Phone #: _____ Birthdate: ___/___/___ Age: _____

Number of Persons in Household: _____

Names of all Adults & Children in Household:

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

Please have the following information ready:

- Proof of residency. (Picture ID and current proof of address)
- A copy of your past due bill, late bill or final notice. (housing, utilities or prescriptions)
- Lease if asking for rental support
- Documentation of crisis, which is an unforeseen economic emergency. This may be recent medical paperwork, bill for high expense repair, car repair estimate, police report, court documentation, unemployment verification.
- Proof of income for the past two months for all adults in the home. This may include paystubs, bank statements, any mobile payment apps (Cash App, Venmo, etc.) transaction histories, SSI, or SSDI statements.

Please write a short statement about what events(s) occurred that you feel contributed to the financial situation you are seeking help with.

How can Western Wake Crisis Ministry help you?

- Rent Town Utility Other (be specific): _____
 Prescriptions Resources

Complete Reverse Side



BUDGET WORKSHEET

Income Categories From Everyone in Household		
Monthly Income from Work		\$
Child Support		\$
Social Security		\$
Disability		\$
Unemployment		\$
Income from others in house		\$
Housing Assistance		\$
TANF		\$
Work First		\$
SNAP/Food Stamps		\$
Total Income		\$

Monthly Expenses		
Housing		
Rent/Mortgage Payment		\$
Homeowners/Renters Insurance		\$
Electricity		\$
Water		\$
Heating Fuel (Gas Propane)		\$
Cell Phone		\$
Other		\$
Sub Total		\$
Transportation		
Car Insurance		\$
Auto Fuel/Gas		\$
Other		\$
Sub Total		\$
Health		
Medical Insurance		\$
Medicine/Drug		\$
Doctor/Dentist/Optometrst		\$
Hospital		\$
Other Health		\$
Sub Total		\$
Loans/Credit Car Debt		
Auto Loan		\$
Credit Card Payments		\$
Educational Loan		\$
Installment Loan		\$
Personal Note		\$
Other Loan		\$
Sub Total		\$
Food & Other Expenses		
Food		\$
Other Food		\$
Sub Total		\$
Total Expenses		\$

Medical Benefits

Please indicate any medical benefits you receive:

- Medicare Medicaid
- Children's Medicaid
- Private Insurance
- None

Please indicate any other benefits you receive:

- WIC
- Workfirst / Cash Assistance
- Childcare Subsidy

Housing Status

Please indicate your current housing situation:

- Homeless
- Reside in a shelter
- Staying in a domestic violence shelter
- Reside with a family member/ friend
- Have permanent housing
 - Rent Own

How long have you lived at your current address? _____

From _____ To _____

Would you like a Case Manager to reach out for additional resources?

- Yes No

Western Wake Crisis Ministry (WWCM) is a support to individuals and families in crisis. WWCM collects personal information directly from you to help provide the best services to meet your needs. We only collect information that we consider to be necessary. The collection and use of all personal information is guided by strict standards of confidentiality. We securely store this information.

Statement of Confidentiality

Confidential Information includes, but is not limited to, the following:

- Identifying information about the client, including name, address, phone number
- Information relating to the client's household
- Information regarding the situation that led the client to ask for assistance
- Information required for eligibility for services such as, but not limited to, utility account numbers, lease agreements, landlord information, prescription information, and income.

WWCM agrees to not share confidential information about me to anyone outside the agency except as necessary to make a responsible decision about my request for assistance or as mandated by law for suspicion of abuse or neglect of a minor or vulnerable adult. Confidential client information should never be discussed in the presence of third parties, except under the terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the terms outlined below.

Statement of Rights

I understand:

- I have a right to view any information that WWCM has about me.
- I can refuse to provide any information.
- If I refuse to provide information that is required for eligibility, I will not be able to participate in the service.
- If I refuse to provide optional information, the services that I could receive may be limited.
- I can revoke this consent at any time in writing. If consent is revoked, information that was collected with consent will remain protected in WWCM files, however, no new information will be collected.
- If I have provided an email address, I agree to allow WWCM to send me information about services.

I understand my rights and agree for WWCM to gather and keep my personal information as explained above. My signature indicates that all the information I have provided is truthful and complete to the best of my knowledge.

I understand that if I have given false or misleading information about myself or my household, WWCM may disclose this to other agencies and I and my household will not be able to receive current or future services from WWCM.

I have read the above statements. I understand the confidentiality terms and conditions and my rights.

Statement of Consent

I give Western Wake Crisis Ministries permission to contact whomever necessary to verify the assistance needs of myself and my household and help determine my eligibility and potential assistance amount, as well as to seek further resources regarding my assistance request. This permission includes but is not limited to, landlords, utility or other service providers, medical providers and pharmacies.

I have read the above statement, and I give my consent.

Client Signature: _____ Date: _____